





In 1946-1949

this was one,

Bible

Joseph H. M. Kirk



THE NATIONAL MEDICAL LIBRARY



*Architects' Drawing for a new Army Medical Library and Museum,  
Capitol Hill, Washington, D. C., Eggers and Higgins, Architects.*

THE

National Medical Library

REPORT OF A SURVEY OF  
THE ARMY MEDICAL LIBRARY

*Financed by the Rockefeller Foundation  
and made under the auspices of  
the American Library Association*

*by*

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AMERICAN LIBRARY ASSOCIATION  
*Chicago, 1944*

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# CONTENTS

|                                    |     |
|------------------------------------|-----|
| <i>Letter of Transmittal</i> ..... | VII |
| <i>Foreword</i> .....              | XIV |

## PART I

### WHAT THE SURVEYORS FOUND

|  |    |
|--|----|
| Introduction .....   | 3  |
| Chapter I. The Army Medical Library Building .....                         | 5  |
| Chapter II. Organization and Administration of the Library .....           | 11 |
| Chapter III. The Collections of the Library and<br>Their Development ..... | 19 |
| Chapter IV. Cataloging .....   | 22 |
| Chapter V. The <i>Index-Catalogue</i> .....                                | 27 |
| Chapter VI. Reference and Circulation Service .....                        | 33 |
| Chapter VII. The Cleveland Branch .....                                    | 40 |
| Chapter VIII. Relations with Other Libraries .....                         | 44 |

## PART II

### WHAT THE SURVEYORS WOULD LIKE TO SEE

|  |    |
|--|----|
| Chapter IX. What the Surveyors Would Like to See ..... | 51 |
|--|----|

## PART III

### RECOMMENDATIONS

|   |    |
|---|----|
| Introduction .....  | 61 |
| Chapter X. Organization, Administration, and Personnel .. | 63 |
| Chapter XI. The Acquisition Division .....                | 66 |

---

|               |  |    |
|---------------|--|----|
| Chapter XII.  | Cataloging .....                             | 71 |
| Chapter XIII. | The <i>Index-Catalogue</i> .....             | 78 |
| Chapter XIV.  | Service to the Public .....                  | 84 |
| Chapter XV.   | The Rare Book Division .....                 | 87 |
| Chapter XVI.  | Plans for the New Building .....             | 90 |
| Chapter XVII. | Putting the Recommendations into Effect..... | 91 |
| Index .....   |  | 93 |

# LETTER OF TRANSMITTAL

MAJOR GENERAL NORMAN T. KIRK  
THE SURGEON GENERAL  
WAR DEPARTMENT  
WASHINGTON 25, D. C.

*Dear General Kirk:*

The report of the survey of the Army Medical Library which accompanies this letter is based on work done by the six surveyors whose names are given on the title page. Each of them has spent a number of weeks on his part of the study and then joined with the others in preparing the report. The detailed findings are too extensive to include in a statement of reasonable size. They are recorded, however, in a series of documents which will be placed in the hands of the Librarian of the Army Medical Library, and a copy of them is sent to you with the survey report.

The history of the Army Medical Library as a great research institution dates back, not to its founding in 1836, but to 1865 when John Shaw Billings was an assistant to the Surgeon General. In the next thirty years, under Dr. Billings' direction, the small collection of books and pamphlets that he found in the Surgeon General's Office became the great medical library of the United States and of the world, and its collections were made available through the *Index-Catalogue*, one of the great bibliographies of all time, and the *Index Medicus*. In 1887 a building, constructed for the purpose at the corner of Seventh Street and Independence Avenue, became the headquarters of the Library and of the Army Medical Museum, and has been occupied by the two institutions ever since. Dr. Billings retired in 1895 and was succeeded by a series of thirteen librarians holding office, on the average, four years each. The collection continued to grow, but it seems accurate to say that the Library is still traveling on the momentum provided by Dr. Billings, and that momentum is getting weak. In recent years, those who have been more intimately connected with the Library have realized that something was wrong. Colonel Jones, the present librarian, under-

stood the situation and, at his instigation, General Magee asked for a survey. The accompanying report is the result. The criticisms that it contains are, we think, constructive rather than destructive, and are presented as a basis for the recommendations that are made. It is hoped that the recommendations will help to bring about a future for the Army Medical Library even brighter than the brilliant past that has gradually grown dimmer since Dr. Billings' time.

The building that the Library occupies was well planned, but it is fifty-six years old. The present situation may be summed up as follows: The building is unsatisfactory in respect to lighting and communications for both the public and the staff; air-conditioning is lacking, and this lack results in progressive damage to the collections; the entire plant is out of date and inconvenient; it is not large enough, and there is no possibility of keeping the collections together in it in the years to come.

#### A NEW BUILDING IS AN ABSOLUTE NECESSITY.

The physical conditions in the Library have made it practically impossible to care for the books properly. Overcrowding, as well as lack of air-conditioning, has taken its toll, and the collections are in bad shape, as regards both the books individually and their arrangement within the building. The cost of repairing them so that they can be preserved will run into large figures, but unless they are repaired, they will become a liability rather than an asset.

The librarians of the Army Medical Library have from the beginning been Army surgeons. Their principal assistants have also been medical men. This emphasis on medical rather than library training and experience, while useful in many ways, has quite naturally left the Library weak on the side of technical organization and administration. Of even more importance, but not unconnected with it, is the fact that the collections themselves have not been added to properly since the last war, and the methods of making them available have been unsatisfactory. Colonel Jones has made good progress on the administrative reorganization and the building-up of the staff, but this is only a beginning and such plans should be carried through.

For many years the Library has been starved financially. There was one period of nearly two years when only sixteen books were purchased. At no time in the past generation have the appropriations been large enough to provide for the acquisition of all current publications in the medical field (although it has been the avowed purpose

of the Library to acquire them), and if the appropriations for acquisitions had been sufficient, the staff was not large enough to care for them, or of a quality to care for them in the proper way. As a result of the lack of financial support, the Library today is no longer the largest in its field in the world, and for the publications of the past generation, it is decidedly inferior to several other libraries.

A serious condition should be noted in connection with the cataloging and classification. The Library has relied almost altogether on the *Index-Catalogue* for a record of its holdings. This catalog appears in series taking fifteen to twenty years each, so it can never be anywhere near up to date. As the Library grew larger, a good catalog became more and more important, but the *Index-Catalogue* deteriorated in quality and is now far from satisfactory. As far as the classification is concerned, it is only fair to say that to all intents and purposes there is none, as the arrangements that were made by Dr. Billings when the Library was still small have gradually been allowed to fall into disuse, and it would be less expensive to start all over again than to try to revive the old one.

This is a dismaying picture, but a reasonably accurate one. The surveyors are not perfectionists. They realize that library records are a means to an end, not an end in themselves, and they much prefer to spend money for books than for unnecessarily detailed records. But books without records are practically useless, and in the case of the Army Medical Library the records have gone from bad to worse. The books themselves have not been flowing to the Library in a satisfactory stream during the past twenty-five years. The inevitable result of this situation has been that, with a few exceptions, good service such as should be expected from the National Medical Library has been an impossibility. But there have been two bright spots on the horizon. The Cleveland Branch has given an opportunity to gather together the great collection of rare books and to make a start towards caring for them properly, and Colonel Jones has understood the need for action and has taken steps to improve the whole situation.

The outline that has just been given indicates that drastic steps are necessary. The surveyors have considered the problem placed before them, and have agreed unanimously on recommendations that are summarized as follows:

1. Plans for the new building should be pushed, and arrange-

ments should be made for its construction as soon as possible after the war is over. The site that has been selected and the general plans for the interior are good, but it is suggested that the Library be given the west instead of the east half of the building, and that the basement be connected by tunnel and conveyor with the Library of Congress Annex. A somewhat larger entrance lobby (which could also be used as an exhibition room) should be provided, but the monumental staircase that has been proposed should be given up. The main stack should be moved toward the center of the building so as to occupy some ten feet of the space planned for the staircase and corridors leading to the rear. This would widen the rooms on the side of the building by a corresponding ten feet, and provide a reading room of ample size there. This general reading room and the rooms for periodicals, together with the Catalog and Acquisition divisions, should be placed on the main floor. The large reading room planned for the rear of the second floor could then be assigned to the Rare Book Division. The Museum half of the building should be so constructed that the central section could later be taken over for stacks for the Army Medical Library, and its floor levels should therefore be made to coincide with those in the Library, thereby making the whole building into suitable quarters for the Library when there is no longer room for both institutions in it.

2. It is recommended that the administrative head of the Library be given the title of Director, and that he be primarily responsible for the outside contacts of the Library. He should have as his chief assistant, with the title of Librarian, a civilian career librarian who would serve as head of the technical library administration and provide the continuity in this field that has been lacking in the past because of the short terms of the Army officers who have been in charge. The Librarian should report to the Director as far as general library policy is concerned. He should select, train, and supervise the library staff, and have direct responsibility for decisions on technical library problems such as acquisition methods, cataloging, and library records.

The appointment of an executive officer in charge of the physical care of the whole building and responsible to both the Director of the Library and the Curator of the Museum is also suggested.

3. The work of the Library should be organized divisionally along the lines that Colonel Jones recently put into effect. Six divi-

sions are suggested: Acquisition, Administrative, Catalog, Index-Catalogue, Rare Books, and Reference and Circulation.

4. Great emphasis should be placed on the building up of the professional library personnel. Until the quality of the staff has been further improved along the lines already developed by Colonel Jones, really satisfactory service will not be possible.

5. The Library should acquire on publication, or as soon thereafter as possible, all new publications, in all languages, directly relating to the science of medicine. Acquisitions should be on an inclusive rather than a selective basis. Gifts and exchanges should be encouraged. Earlier publications, both serial and otherwise, that have not already been received, should be acquired as opportunities at reasonable prices present themselves. For material in the related sciences, arrangements should be made with other libraries in Washington for a division of fields, and the Army Medical Library should acquire working, instead of inclusive, research collections for subjects covered by other libraries in the District. It is hoped that the Library of Congress will turn its medical collections over to the Army Medical Library.

A reorganization of the staff of the Acquisition Division along lines described in the report is desirable.

6. Major recommendations concerning cataloging and classification include the following:

a. A Catalog Division distinct from the Index-Catalogue Division should be organized by combining the indexing and library-cataloging work now carried on by the Index-Catalogue Division with the classification and shelf-list functions at present in the Reference and Circulation Division.

b. The books and pamphlets forming the Library's collections should be classified.

c. The existing card catalog should be scrapped, and a new and reliable one made according to standard library practice. This work will be very expensive, and the surveyors would not recommend it if there seemed to be any possible way out.

7. The *Index-Catalogue* should be continued, but the work of this Division should become that of an editorial office for the preparation and publication of the *Index-Catalogue*. Its functions should be limited to seeing through the press the material furnished by the

Catalog Division. The *Index-Catalogue* needs to be improved by the adoption of a standard list of subject headings and a consistent editorial policy, and it is hoped that arrangements can be made to bring it into closer relationship with the *Quarterly Cumulative Index Medicus*.

8. If the previous recommendations are carried out, there is little to say about the Reference and Circulation Division. Work there seems to be progressing along satisfactory lines, and if the book collections can be built up and the cataloging and classification developed as has been suggested, there should be no difficulty in connection with this service.

9. A special study should be made of the effect on the Army Medical Library and on other libraries of the free microfilm service that is being given. Any free service is bound to develop tremendously, and careful planning is necessary in this connection.

10. Provision should be made in the new building for separate quarters for the Rare Book Division and for the cataloging and classification of the rare books. A great deal of work is necessary on the repair of the material in this collection. Its contents should be studied systematically, so as to build up without unreasonable expense what is already an outstanding collection.

11. Unless much more adequate funds can be placed at the disposal of the Library, the recommendations cannot be carried out. Considerably larger appropriations than have been available in the past are a prerequisite to the development of the Library. These funds must be made available year in and year out. The support of the Library is not something to be turned off and on like a faucet. The total expenses increase when support is irregular, because most work costs more in the end if it is postponed.

12. As soon as funds become available, and it is sincerely hoped that that time will not be postponed, the tasks for immediate action include:

- a. The constant improvement of the quality of the staff
- b. The establishment of an emergency shelf list
- c. A vigorous acquisitions program
- d. The development of a classification scheme for medical books and the classification of the collection
- e. The adoption of a standard list of subject headings
- f. A ten-year program for the creation of a new card catalog

g. A ten-year rebinding program to put the collection in better physical condition

h. Modification of the building plans, and the agreement on two years after the end of the war for the completion of the new building.

Suggestions have been made to Colonel Jones in connection with putting these recommendations into effect, and the first step is the appointment of a career librarian under him. The Library is fortunate in having such a person assigned to it for the duration of the war, and as long as his services are available, he may well be the one to undertake the reorganization. The appointment of his successor should be made in such a way as to provide continuity in the technical administration during this important period in the Library's history.

If you have questions about anything in this letter or in the accompanying report of the survey, I shall be glad to try to answer them by letter, or perhaps, better still, to come to Washington to talk about them with you.

*Sincerely yours,*

KEYES D. METCALF

Director of Harvard University Library

January 18, 1944

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## FOREWORD

The Army Medical Library survey, which is reported on the following pages, has been sponsored by the American Library Association and financed by the Rockefeller Foundation. Unofficial plans for it go back at least to the beginning of the year 1943. The official record starts with a letter from Colonel Harold W. Jones, Librarian of the Army Medical Library, addressed to Carl H. Milam, Executive Secretary of the American Library Association, on March 4, 1943, in which he stated that he had that day received approval from the War Department for a survey of the Army Medical Library, to be made under the direction of the American Library Association. On March 26, 1943, Colonel Jones and Keyes D. Metcalf, who was then President of the American Library Association, called on Dr. Alan Gregg of the Rockefeller Foundation, and discussed the matter with him informally. As a result of this talk, Colonel Jones wrote to Mr. Metcalf on March 27 requesting the American Library Association to make a survey. This was followed on April 5 by a formal application to the Rockefeller Foundation by the American Library Association for funds. On May 21 a grant was made by the Rockefeller Foundation to the American Library Association. By a mail vote completed May 27, the Executive Board of the American Library Association resolved that Mr. Metcalf be asked to assume the responsibility for the survey of the Army Medical Library.

After correspondence with Mr. Milam and others Mr. Metcalf selected the following five librarians to assist him:

Miss Janet Doe, Assistant Librarian of the New York Academy of Medicine

Mr. Thomas P. Fleming, Librarian of the College of Physicians and Surgeons of Columbia University

Miss Mary Louise Marshall, Librarian of the Rudolph Matas Medical Library of Tulane University and Assistant in Charge of the Orleans Parish Medical Society Library of New Orleans

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Mr. L. Quincy Mumford, Executive Assistant in the Reference Department of the New York Public Library

Dr. Andrew D. Osborn, Assistant Librarian and Chief of the Catalogue Department of the Harvard College Library

Mr. Metcalf then met with Colonel Jones in New York on June 2, and talked over with him the qualifications of the surveyors and the plans for the survey. Fortunately, all the individuals who were asked to take part in the work accepted the responsibility, and although most of them said they would be unable to undertake the work until fall, they were able to meet in New York for a preliminary conference on June 18. Before that time, Mr. Metcalf, Mr. Mumford, and Dr. Osborn, the three librarians who had not previously visited the Army Medical Library, spent three days in Washington, going over the building and getting acquainted with the staff. In July Dr. Osborn spent two weeks in Washington, studying the Library in detail. In August he made a trip to Chicago and Cleveland to study the organization of the *Quarterly Cumulative Index Medicus* and the branch of the Army Medical Library in Cleveland. In July Mr. Metcalf visited the headquarters of the American Medical Association and of the American College of Surgeons in Chicago, talking over the survey with representatives of those organizations. He also visited the Cleveland Branch of the Army Medical Library. In September Miss Marshall visited the Cleveland Branch, and in October Miss Doe did likewise. Mr. William A. Jackson, Assistant Librarian of the Harvard College Library in charge of the Houghton Library of rare books, also spent two days in Cleveland, going over problems relating to the rare books there.

The whole group of surveyors went to Washington early in September, two of the members for two weeks and the others for shorter periods. This was followed by a three-day conference in New York, going over the results of the survey up to that time and drawing up the first outline of the report.

The study of the various problems connected with the survey continued through October, and, during that month and November, the first draft of the report was written, each of the six members of the surveying group writing sections of it and passing them on to the other five for criticism, suggestions, and comments. In December Dr. Osborn and Mr. Metcalf combined the reports, summarizing the salient features, and gathering them into a more unified whole.

The results of this work were forwarded to the others late in December. Early in January, 1944, this first draft of the combined report was taken up in detail and revised at a four-day meeting of the six surveyors.

The survey naturally falls into three main parts:

1. A rather detailed report outlining what the surveyors found when they studied the Library
2. A theoretical study of what the surveyors would like to see in the Army Medical Library
3. Recommendations through which the Survey Committee hopes that the situation outlined in Part I can be changed so as to approach the one outlined in Part II

A series of detailed appendixes, supplementing and amplifying the findings and recommendations, has not been printed with the report, but has been filed in manuscript at the Army Medical Library.

As the member of the Committee who was asked by the American Library Association to assume the responsibility for the survey, I want to express to my five colleagues my sincere thanks for their help which made the report possible. I want also to take this opportunity to speak of the great pleasure it has been to work with them. Special mention should be made of my indebtedness to Dr. Andrew D. Osborn, on whom fell a large share of the consolidation of the six reports. And, finally, in the name of the Committee, I express appreciation of the aid given by the Librarian, Colonel Harold W. Jones, and his staff. No group could have placed itself at the disposal of surveyors more generously and more completely.

KEYES D. METCALF

*Harvard University  
Cambridge, Mass.  
January 18, 1944*

PART ONE

*What the Surveyors Found*

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## INTRODUCTION

Part I outlines the situation found by the surveyors at the Army Medical Library. In order to make a proper setting, a very brief historical statement seems desirable.

The Army Medical Library, then called the Surgeon General's Library, had its beginnings in 1836 while Andrew Jackson was President. It remained a small collection of medical books and pamphlets in the office of the Surgeon General for some thirty years. In 1865 Dr. John Shaw Billings, who had been an Army surgeon in the Civil War, became an assistant to the Surgeon General, and under him, during the next ten years, the Library as a great research institution got its start. Dr. Billings remained with the Library and the Museum (which was growing up side by side with it) until 1895, and in his thirty years' connection with them the Library became in effect the National Medical Library of the United States, and its collections were made available to the world at large through the *Index-Catalogue* and the *Index Medicus*, two great bibliographical works described later in this report. In 1887 a building was constructed for the Library and the Museum at the corner of Seventh Street and Independence Avenue, Washington, D. C., and has remained their headquarters ever since.

In the forty-eight years since Dr. Billings' retirement there have been thirteen librarians, each one an Army medical officer. With the exception of the nine-year regime of General McCaw, beginning in 1903, and the still-continuing term of Colonel Jones, that began in 1936, the librarians have remained in office less than three years on the average. Continuity was provided, however, by assistants like Doctors Fletcher, Garrison, and Allemann. The *Index-Catalogue* and the *Index Medicus* brought great prestige to the Library, and the collection continued to grow; but it seems only fair to say that the organization was still traveling on the momentum provided by Dr. Billings. The fact that it was the great medical library of the country,

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and that it was reputed to have in its collections practically everything ever written on medical subjects, entrenched the idea firmly in the minds of members of the medical profession and others interested that it was *the* great medical library. For some years, however, those who have been more intimately connected with it have realized that something was wrong. Colonel Jones, the Librarian, was aware of the situation, and this report is a result.

The account presented on the following pages is an attempt to display fairly and objectively the present position of the Library, not with the idea of criticizing things as they stand, or appraising those who have been responsible for the greatness of the institution or for its faults, but simply to paint the picture as it is. Any criticism offered is advanced in the hope that it will be constructive and not destructive, and that it will help to assure a future for the Army Medical Library that is even brighter than its most brilliant past.

# The Army Medical Library Building

As stated previously, the Library occupies, with the Army Medical Museum, a building at the corner of Seventh Street and Independence Avenue in Washington, D. C. The structure was completed in 1887, just before what might be called the modern era in library construction. The fact that the building has been in use for over fifty-six years is ample indication that it was well planned for its time. As far as the surveyors can learn, no other great research library in the United States still occupies a building completed as early as 1887 and not materially added to since. But it is no longer a satisfactory home.

A structure to house research collections ordinarily has at its heart a bookstack. Modern bookstacks began with the Library of Congress building that was finished ten years after the Army Medical Library, and thus definitely placed the latter in an outmoded era even in its early years. As far as size is concerned the Army Medical Library bookstack has become entirely inadequate. It is equally unsatisfactory from the point of view of providing proper physical accommodations, particularly for valuable books. Every additional week and month the building is used results in a decrease in the value of the collection through the physical deterioration of its contents.

No attempt will be made here to go into detail about the stack or the building as a whole, but the following statement outlines the situation. When the building was erected, it was considered fireproof according to the standards of the day. It is not fireproof by present-day standards, and fire hazards in considerable number exist in the building, particularly in the basement. While a major conflagration that would destroy the whole collection is unlikely, a small fire, such as the one that took place while the Survey Committee was in the building, might well result in considerable damage to books at any time, chiefly because of the water used in extinguishing the

flames. Water, not from a fire-hose, but from the skies, has twice in the past five years done serious damage, once through a leaky skylight when repairs to the damaged books amounted to five thousand dollars, and once in the fall of 1943 when a broken leader in a wall resulted in considerable loss.

A building finished in 1887 naturally made no provision for a photoduplication service. Today that service has become one of the most important in the Library, but it has had to occupy makeshift quarters.

The absence of air-conditioning has been implied in speaking of the stacks. Since it is lacking, chemical impurities in the atmosphere and unsatisfactory conditions of heat and humidity harm the books and bindings irreparably. It has been estimated that at least a hundred thousand dollars would be needed today to rebind the rare-book part of the collection alone, and much of this repair has been made necessary by the unsuitable air conditions that have prevailed.

Communications in the building are poor. There is no passenger or service elevator. Books can be conveyed from one stack level to another by a hand-operated book lift, but it is far from satisfactory and does not serve the basement. Book trucks cannot be employed to advantage in the building because there is no way to move them from one floor to another. Shipping facilities are haphazard at best. The telephone situation has been particularly bad, but it was improved in January, 1944. There were until then only two mains leading outside, and no separate interoffice lines. When two departments talked to one another over the telephone, the whole system was tied up so no outside calls could come into the building.

The lighting throughout was unsatisfactory, and made evening opening impossible in the past. New fixtures recently installed have altered the situation.

Office space was ample until the last year or two when the staff was greatly augmented. There have never been, as is natural considering the date of construction, proper lunchroom or rest-room accommodations. Toilet facilities would be considered below standard for any building, and it is only fair to say that for a medical building belonging to the government, they are little short of a disgrace. Furniture and equipment are adequate in amount, though not always attractive or suitable. The number of readers has been small enough to prevent crowding, but the reading rooms are not

pleasant or convenient. No arrangements for private studies or carrels, or for the use of typewriters, are provided.

The whole matter of the building might be summed up as follows: It is as good as anyone would have a right to expect considering the fact that it is fifty-six years old, but—

1. It is unsatisfactory in respect to lighting and communications for the public and the staff.
2. Air-conditioning is lacking, and this lack results in progressive damage to the collection.
3. The whole building is out of date and inconvenient.
4. It is not large enough, and there is no possibility of keeping the collections together in it in the years to come.

A NEW BUILDING IS AN ABSOLUTE NECESSITY.

### CARE OF THE BOOKS

Much of what ought to be said about the conservation of the book collection follows naturally from what has been said about the crowded conditions in the building and its lack of a modern book-stack. It is important to appreciate the fact that since the building was first occupied in 1887, the Library has changed from a comparatively small institution into a great research library. The accommodations for the books, which were entirely adequate in Dr. Billings' time, could not be expected to be satisfactory for a library of the present size.

Physical conditions in the Library have not made it possible for the books to be cared for as they should have been. Overcrowding is, in itself, very hard on books, particularly on bindings. Although libraries generally plan to have a third of each shelf free for expansion, no such situation has existed in the Army Medical Library for many years. Shelves and sections have been full to overflowing, making it difficult to insert new books as they come in. If one adds to this the dry heat in the winter, the dust and humidity to which the books are exposed through wide-open windows in a Washington summer, and the fact that the shelves cannot be adjusted properly, the picture becomes a very unfavorable one for the conservation of the collection.

The overcrowded conditions have resulted in a stack arrangement that is not convenient, in fact that is very inconvenient, and the erec-

tion of temporary wooden shelves against the stack walls made the situation worse. It has been necessary to remove parts of certain classes to the first floor and the basement. At the time of the survey, additional accommodations had fortunately been found by shifting tens of thousands of books to Cleveland. Even this expedient did not end the overcrowding, and a further shift has already become desirable.

A feature of the Statistical and Documents Section is the quantity of unbound material it contains. Binding it will be a long and expensive task, but one that must be faced if the items are to be preserved properly.

The large and valuable pamphlet collection has been shelved in the basement in steel boxes. These boxes hold an average of something like a hundred pamphlets each. In most of them there is serious overcrowding that has resulted in damage to many items. The containers are dusty, and when an attendant looks for a pamphlet, his hands become dirty, and the pamphlet suffers. In many cases dust has found its way into the boxes, and many pamphlets are badly soiled as a result. The arrangement within the boxes is often unsatisfactory, due partly to overcrowding and partly to poor filing. The newer boxes contain much material that should have gone elsewhere. There are frequent cases of serials that should have been placed on the serial shelves so that all the issues could be brought together and new numbers added as they are received. Many unbound books, with as many as three or four hundred pages, have been filed as pamphlets instead of being bound and placed on the classified shelves. Some of the boxes contain a considerable quantity of ephemeral material for which other methods of handling should be devised. There is also some manuscript material, chiefly in the form of letters, which should be treated as manuscripts, not as pamphlets. The surveyors realize that these unfortunate conditions may be due to lack of space and of adequate appropriations for binding and staff.

Since 1926 reprints have been put in pamphlet boxes in an alphabetical arrangement of their own, but there is now a considerable accumulation of them unfiled. Consideration needs to be given to the disposition of the reprint collection.

Dissertations are a third group filed in pamphlet boxes. They are arranged first by the name of the university, and then by author. This scheme of arrangement means that, as with the reprints, new material

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has to be inserted all through the alphabet. A chronological arrangement would have saved much of the labor of maintaining this collection.

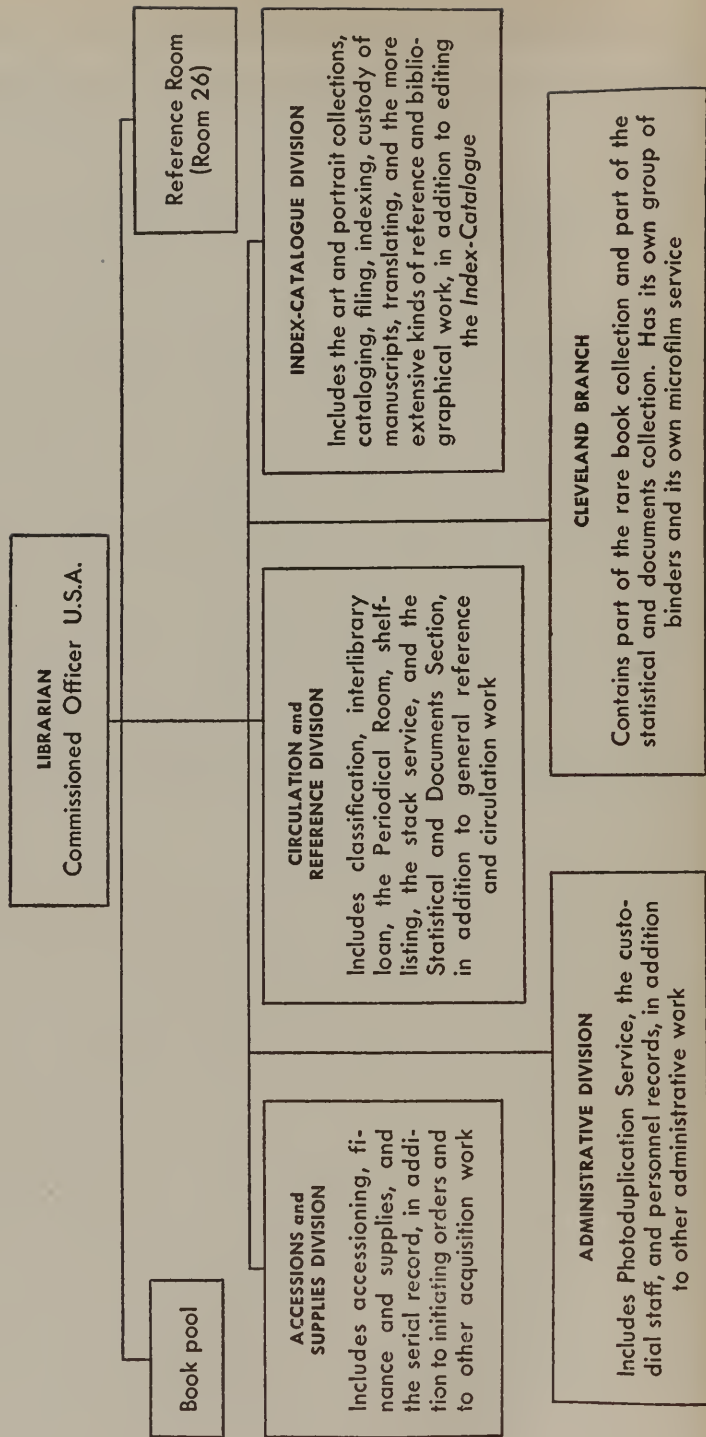
It should be said in summing up that conditions in the basement where the pamphlet boxes are shelved leave a great deal to be desired.

Since the Library has no shelf list, it has been impossible to inventory the collection. As is always the case in such circumstances, many books are out of their proper location and there is no real means of remedying the situation until a shelf list is completed.

The part of the book stock that was reasonably well shelved at the time of the survey was the rare-book collection in Cleveland, which will be described in a later section of this report; but it should be mentioned that there is still a considerable number of rare items in Washington that might well be brought together. These include, among other things, material in the pamphlet boxes now stored in the basement under the unsatisfactory conditions already noted, the collection of rare pamphlets in Library Hall, and a collection of Arabic and other manuscripts recently purchased.

As already stated, this picture of the unsatisfactory physical condition of the collection can be traced largely to the congestion and the outmoded building, but that does not make it any less serious.

# **CHART I** **ORGANIZATION OF THE ARMY MEDICAL LIBRARY** **September 1943**



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# Organization and Administration of the Library

In peacetime the Library operates as a department of the Surgeon General's Office; in time of war its status becomes somewhat similar to that of a military post. This has no effect on the organization of the Library, except that under war conditions it often deals directly with War Department agencies.

The Librarian has always been an Army medical officer appointed by the Surgeon General. Most of his principal assistants in the past have also been medical men. This emphasis on medical rather than library training and experience has left the Library weak on the side of technical organization and administration. Within the past ten years the Librarian has made three attempts to alleviate the situation by organizing groups of outside advisers. In February, 1933, at the request of the Librarian, the Surgeon General appointed an Advisory Committee. The Committee apparently lapsed after a short interval, and an attempt to reorganize it in September, 1938, was again unsuccessful. In the latter part of 1943 this plan was given up in favor of appointing a large body of honorary consultants.

*Internal organization.*—Departmental organization was very late in developing in the Library, and emerged only in the last few years. Actually it was July, 1942, when the first scheme of departmental organization was put into operation. The Librarian began his Annual Report for 1942/43 by commenting on this fact:

The Army Medical Library is now in its 107th year. It has occupied its present location for 56 years. In the past year its operation on a definite organizational plan with separate divisions, each headed by a highly trained professional librarian, has been accomplished.

The functions now exercised by the divisions were formerly allocated to individuals, but those individuals could not very well be organized into sections or divisions either in terms of the quarters they occupied or in terms of supervision. This renders it difficult to study past

trends because, if one goes back more than two or three years, there are no annual reports that cover major areas of the Library's work in detail.

At the time of the survey, however, the Library had recently been organized into four divisions, as follows:

Accessions and Supplies Division  
Administrative Division  
Circulation and Reference Division  
Index-Catalogue Division

These divisions betray their close connection with the former lack of organization by the number of times their names, quarters, and scope have been changed since 1942. Within them there is as yet very little organizational form. Under the present system, each member of the staff tends to become acquainted only with his own duties, and there is a resulting lack of teamwork as well as inability to keep work moving in periods of illness and vacation. In the larger divisions a grouping of related functions into sections under a competent head is needed, while in the smaller ones an interchange of staff at different duties is desirable.

With such a relatively young organization it is only natural that many cross purposes remain to be harmonized. In the main building in Washington this applies particularly to the relations between divisions. In the Cleveland Branch it has meant that individuals have worked with too little direction and too little knowledge of what they are supposed to do.

*The Librarian.*—In its early days the Library under Dr. Billings was in the hands of a great organizer who was in charge long enough to control the problems of administration and organization as they arose. Latterly, with the growth of the Library, these problems have increased and become more complex; but, on the other hand, no Librarian until Colonel Jones has been in office long enough to be able to master them.

The Librarian is directly responsible for organizing and administering the Library; for representing it and its needs to the Surgeon General; for building up the staff; for maintaining and developing the collections; and for planning for the future of the Library. In the modern large library this is an exceptionally heavy load for any individual to carry without a good assistant. It is greatly to the credit

of the present Librarian that he has seen the many problems confronting the Army Medical Library, and has called attention to the need for facing and solving them.

*The Administrative Division.*—The Administrative Division, in general, includes those functions of operation which stem from the office of the Librarian and fall under the heading of general administration. Prior to October 2, 1942, most of these functions were carried on by the Clerical Division under the direction of the Principal Clerk.

The activities of the Division fall into seven groups:

1. Office of the Principal Clerk. Personnel records
2. Secretarial and stenographic service
3. Centralized mail service and correspondence files
4. Photoduplication Service
5. Building maintenance
6. Shipping Clerk
7. Laborers and messengers

In addition, as the Annual Report of the Librarian for 1942/43 says:

The Administrative Division is responsible under the Librarian . . . for a proper coordination among the three professional divisions of the Library and for assistance in administration of the affairs of these divisions when this is necessary. . . . Any activities which cannot be fitted into the work of the professional divisions automatically become the responsibility of the Administrative Division.

The Administrative Division was the last of the four to be organized, the permanent chief being appointed only at the end of 1943. Although considerable reorganization has taken place, many problems of its administration and organization are only beginning to be apparent. It has been difficult, if not impossible, for the Division to perform the function of coordinating the work of other divisions while occupying a status of equal rank with them and without the authority to intervene in the operations. Much has undoubtedly been accomplished by way of liaison and in helping to keep work moving, but the relationship is not tenable as a permanent arrangement.

The position of Principal Clerk has been revised so that few duties remain. In other governmental organizations the Principal Clerk may hold a very important post, but in the Library set-up the situa-

tion seems different, and it is more natural, as has happened, for the Chief of the Administrative Division to take over most of the Principal Clerk's duties.

Statements about the three professional divisions are made in Chapters iv-vi of this part of the report.

*Personnel.*—High on the list of administrative matters demanding and receiving attention is personnel. A great deal needed to be done to build up the staff, and much has been accomplished in the last year or two, though much remains still to be done. Advantage has been taken of wartime conditions, which permitted expansion and simplified Civil Service regulations, to bring in trained librarians from other institutions. This is exactly what was needed, and it is to be hoped that means will be found in the future to continue this development of the professional staff.

A study of the personnel records of the Library shows that the staff is still predominantly clerical and subprofessional. In Washington, out of a total of fifty-eight positions, there are ten on the custodial staff, fifteen subprofessional and twenty-two clerical assistants, and only eleven in the professional group. At the Cleveland Branch there are six professional librarians (one of whom, however, is a binder), including the commissioned officer in charge, as against one custodial and two clerical positions. The Cleveland staff was recruited at the same time as the new appointments were being made in Washington, and shows that a determined effort has been made by the present Librarian to build up the trained professional staff.

A very obvious gap in the ranks of the personnel is a career man immediately under the Librarian. In fact, it might be said that the greatest weakness in the present organization is the lack of a coordinating position of this kind which would relieve the Librarian of the details of operation and provide continuity of management. If the position of the Librarian continues to be filled by an Army medical officer who serves a relatively short term, he should have associated with him a career man who would serve in this capacity.

#### FINANCIAL SUPPORT

One of the most important elements in the administration of a library is proper control over finances. In the past, the Library's financial situation has not been entirely clear. Prior to 1942/43 the Librarian's Annual Report listed only a small fraction of the Li-

brary's funds. In 1938/39, for example, the "total appropriation" was set down as \$24,500. This sum was expended as follows:

TABLE 1

|   |               |
|---|---------------|
| Books .....                               | \$ 9,645.89   |
| Periodicals .....                         | 11,569.88     |
| Equipment .....                           | 2,673.52      |
| Office supplies, transportation, etc..... | <u>500.00</u> |
|   | \$24,389.29   |

Going back to earlier years, the comparable appropriation for 1922/23 was \$12,000. In the following year the amount was increased to \$15,000 to cope with the acquisition of the Prudential collection. In 1924/25 the appropriation became \$20,000, and there it remained until 1931/32 when it was reduced to \$19,500. It stood at that amount the next year, and then was sharply cut to \$14,300 for 1933/34 and 1934/35. For 1935/36 the amount was \$15,700, and thereafter it was increased, as follows:

TABLE 2

| <i>Year</i> | <i>Budget</i> |
|-------------|---------------|
| 1936/37     | \$20,660      |
| 1937/38     | 24,500        |
| 1938/39     | 24,500        |
| 1939/40     | 25,000        |
| 1940/41     | 25,000        |
| 1941/42     | 25,000        |
| 1942/43     | 30,000        |

In the depression years it was necessary to put nearly all the funds available into the purchase of serial publications. Colonel Hume, the Librarian, described the results in his Annual Report for 1934/35:

Consequently the purchase of books was practically stopped. From July 1, 1933, to May 1, 1935, a period of approximately two years, only sixteen (16) books were purchased. The following tabulation is eloquent.

The last German book was purchased on May 26, 1933.

The last French book was purchased on May 10, 1933.

The last Spanish book was purchased on May 4, 1933.

The last British book was purchased on June 5, 1933.

No Scandinavian and Dutch books were purchased since June 30, 1933.

In his Annual Report for 1935/36 the Librarian stated that:

The sum of \$28,000 per year is required for the purchase of the periodicals

that the Library should have. This figure does *not* include any allowance for the cost of journals for the three years when they were not acquired on publication. A sum of approximately \$10,000 will be required for this purpose.

In making a similar plea for increased appropriations for the purchase of books and serials in 1937/38, the Librarian wisely pointed out that such an increase would involve other responsibilities, notably an increase in personnel and an extra amount for binding. He said:

A considerably larger sum than is now appropriated could be used if it could be devoted to additional personnel, so badly needed, and to rebindings. If the Library were allowed \$5,000 a year for additional binding of books over what is ordinarily allotted, some of its worries would be solved. The Librarian has felt at times that if a few thousand dollars could be taken occasionally from the appropriation for books and supplies, and put on personnel, the interests of the Government would be well served. It is of very little use to have a large appropriation of say \$30,000 or \$40,000 which sum has been estimated at different times as desirable, unless personnel be provided to intelligently use it.

The welfare of the *Index-Catalogue* was intimately bound up with the funds available for the purchase of books and serials. In his Annual Report for 1933/34 the Librarian commented on this close association:

Unless funds adequate for the purchase of needed books and periodicals are regularly available each year, then the *Index-Catalogue* will become less and less valuable, and no longer be worthy of its old characterization of "America's greatest contribution to Medicine."

Actually, as a result of the lack of funds, the *Index-Catalogue* suspended publication during the years 1932 to 1935. Outside pressure was needed to restore the appropriation for publishing it, as well as for the purchase of books and serials, and on February 21, 1935, Dr. Eugene H. Pool, President of the New York Academy of Medicine, wrote to President Roosevelt, asking for funds for these two purposes. In the course of his letter he stated that "the failure of the *Index-Catalogue* to appear annually and the inability of the Library to acquire books and journals as usual are genuine calamities."

Even before the depression the *Index-Catalogue* needed more

money. The funds allotted for its publication in 1922/23 were stated to be sufficient to publish only about two-thirds of the number of items indexed during the year 1921/22, and it was estimated that \$22,000 a year would be needed from that year on, but that amount was not forthcoming.

When the fourth series finally got under way it was estimated that \$23,000 a year would be required for the printing of an edition of a thousand copies, where previous editions had consisted of fifteen hundred copies. Thus a certain economy might be achieved by reducing the number of sets available for distribution. In 1938 the appropriation was increased to \$28,000, although \$30,000 was asked for. This sum of \$30,000 was made available in 1942/43.

It should be remembered that the appropriation for the *Index-Catalogue* covers the cost of printing and binding only. The amount would be doubled if salary costs were included in the reckoning, and it would seem wise, with the greater attention now being paid to the Library's financial statement, for the Librarian to make a complete record of the cost of the *Index-Catalogue* each year.

Two themes run constantly through the annual reports for many years back. One is the need for increased appropriations for books, and the other is the need for a larger staff. Not until 1942/43 was any attempt made, however, to give a total picture of the Library's finances, so that the support of its various activities could be properly correlated. In that year Colonel Jones made a very important addition to his Annual Report in the form of a proposal for an over-all budget. In introducing this proposed statement he said:

In former years it has been customary to say that the Library needed only \$25,000 per year for its support, but this is entirely misleading because the figure \$25,000 was the amount ordinarily appropriated for literary and technical material, transportation, and a few other items. For a proper understanding of the state of the Library today and especially with a view to its future when it may be necessary to have a definite budget in support of the Library as an institution, with its own personnel, the following figures should be borne in mind. It is not likely that the cost of maintaining the Library will be any less when the war ends, because there will be a new building and a very considerable addition to the personnel will have to be made. As a National institution and as the greatest repository of source material in medicine and its branches as well as of the many sciences allied to medicine, it cannot operate on any penny-pinching

basis. Nor can it operate if its financial support is not constant and definite from one year to the next.

The financial statement which Colonel Jones presented follows:

TABLE 3

|  |                  |
|--|------------------|
| Pay of military personnel.....                   | \$ 7,500         |
| Pay of civilian personnel.....                   | 160,000          |
| <i>Index-Catalogue</i> , printing.....           | 30,000           |
| Binding.....                                     | 30,000           |
| Purchase of books and journals.....              | 30,000           |
| Technical apparatus and requisitioned items..... | 5,000            |
| Photographic supplies.....                       | 10,000           |
| Rental, buildings and office space.....          | 10,000           |
|  | <u>\$282,500</u> |

Although this financial statement is more inclusive than previous ones, it still does not give as clear a picture as might be desired. It does not, for instance, list the total cost of the *Index-Catalogue*, including personnel, or the several thousand dollars worth of supplies received through Army procurement facilities not included in the usual appropriation.

It is evident that over a period of many years the Library has been inadequately supported. On the other hand, reorganization of the Library and improvement of the personnel were desirable before notable increases in the appropriations were made. The present Librarian, Colonel Jones, has presented the need for these increased appropriations, and the construction of the new building after the war ought to provide the occasion for their authorization. In the meantime it should be realized that the Library must have adequate support now and until that time if it is to render its vital services properly.

# The Collections of the Library and Their Development

If the Library building is inadequate, what of the collections that have filled it to overflowing to such an extent that they cannot be properly cared for? For many years the Library has been generally considered the great medical library of the country and probably of the world, and perhaps most doctors who have thought of it at all think of it as containing everything, or practically everything, that has been written about medicine. The Army Regulations 40-405, dated August 31, 1942, state: "The purpose of this institution is to select, purchase, index, catalog, and preserve all literature pertaining to medicine and the related sciences. . . ." Has the Library been successful in carrying out this purpose?

It seems fair to say that during Dr. Billings' time the Library was making real progress toward the attainment of this purpose. In 1895 it included 310,000 items (117,000 volumes and 193,000 pamphlets). In the forty-eight years since Dr. Billings' retirement, it has increased threefold, and the latest report is an estimate of 425,000 volumes and 580,000 pamphlets (which is probably an overestimate, since discards have not been subtracted). It should be said, to start with, however, that this is the lowest rate of growth of any of the large research libraries of the country. Reports (which it is only proper to say have not been confirmed) indicate that at least four medical libraries abroad are now larger than the Army Medical Library, and that the reputation of the latter as the largest medical library in the world is far from being correct. It is still more extensive than any other American medical library; but there has been more than a suspicion in recent years that it does not possess anywhere near complete holdings of the medical literature published in the last generation, literature which has grown by leaps and bounds in that period, particularly if periodicals are included, as well as related fields such as biophysics, biochemistry, certain branches of psychology, nursing, etc. Since there is a strong feeling that the holdings of the Army Medical

Library have not kept pace with the increased volume of the literature of the medical sciences that has appeared in the past twenty-five years (especially that which has been published during the past ten years), a somewhat detailed study of the situation has been made. It is manifestly impracticable to make a complete analysis of the entire collection, or a full comparison between it and other large medical libraries, but it has been possible to make a sampling and a comparison of some of the holdings.

For the survey analyses were made of:

1. The general status of the collection as a whole
2. Current periodicals received
3. Publications of international congresses
4. Publications of state departments of public health
5. Current book receipts

The results of these studies lead to the following conclusions: If medicine is considered in its narrowest sense, the collections of the Library prior to 1920 may be considered reasonably comprehensive; but the holdings of medical literature since 1920 are such that the Army Medical Library has lost its position of pre-eminence among American medical libraries.

The analysis of recent trends brings out the following points:

1. Its acquisition of purely medical monographic and textbook material has been by no means comprehensive, and the collection lacks many important works.
2. Its acquisition of publications relating to the allied medical sciences has been particularly weak.
3. Its holdings of the publications of international congresses are definitely incomplete and by no means outstanding.
4. Its holdings of publications of state departments of public health, as well as of government publications in general, are also incomplete and by no means outstanding.
5. The situation with regard to periodical holdings is all too often deplorable. Not only are many titles not received, but the holdings for those which are received are often incomplete and even fragmentary. Since the *Index-Catalogue* is definitely dependent on the acquisition of medical literature, particularly periodical literature, this fact is more than unfortunate.

While this situation exists because of a number of interrelated factors, it seems desirable to enumerate some of the more important:

1. There has developed a philosophy in some quarters (and this has influenced acquisition policies) that the Library exists primarily for the publication of the *Index-Catalogue* and that, therefore, it is not a matter of pressing moment to acquire medical literature currently because at best the *Index-Catalogue* cannot be up to date. Unfortunately, as a result, too many titles seem destined to be acquired when much of their usefulness is past, or perhaps are not acquired at all.
2. Since the Library does not lend unbound material (particularly current journals), other libraries and individuals have turned for it to the Library of the American Medical Association or to regional libraries. The Library has therefore lacked the familiar acquisition-yardstick of interlibrary loans to guide it in determining deficiencies in its current acquisitions program. (The Library's policy of free microfilm may ultimately alter this situation.)
3. Appropriations have not been sufficient to make possible a satisfactory acquisition program.
4. Acquisition routines have not been practiced with consistent efficiency or economy.

The mere routine of building up a collection of literature in any field calls for skill and ingenuity, and the employment of an appropriate combination of purchase, gift, and exchange. In recent years the Library has depended primarily upon the method of purchase, rather than upon utilizing its position to the fullest extent in the solicitation of gifts. It has not developed the exchange program that would seem to be a natural outcome of the publication of the *Index-Catalogue*. A too strict interpretation of governmental rulings has resulted in acquisition procedures which slow down the receipt of some material and act as a detriment to the acquisition of other items. It should also be said that the Library has followed a somewhat wavering policy as to what constitutes a complete collection of medical literature. In general it has adhered to such a narrow interpretation of medicine that the allied sciences have received insufficient attention.

## Cataloging

When the *Index-Catalogue* began publication in 1880, the library world in general still believed in printed book-catalogs. Another decade and more was to elapse before the book-catalog really gave way to cards. In fact, some of the greatest records in book form were started after the *Index-Catalogue*, as, for example, the British Museum *Catalogue*, begun in 1881. But most libraries have now long since given up the book form, owing to the difficulty of keeping it current. In the United States they have turned to card catalogs, and the Army Medical Library is the one American institution of any consequence that still relies primarily on a book-catalog.

Originally this catalog served the needs of the Army Medical Library more closely than it does today. Its name was *Index-Catalogue of the Library*, and it was a catalog of the Library. Quite naturally it became a great medical bibliography as well as a library catalog. With the passage of time, however, its value as a bibliography has increased, while its value as a library catalog has steadily decreased.

While the British Museum, in spite of its catalog in book form, has found a way to provide its readers and staff with a single alphabetical list of all its holdings, whether recent accessions or not, no such device has been developed at the Army Medical Library. It may be necessary to look in all four series of the *Index-Catalogue* and then to check current accessions to know whether a given book is in the collection or not.

With the realization of the need for a single alphabetical listing of the books in the Library, a start toward a card catalog was made at the time of the first World War. This was done by clipping and mounting entries from the first two series of the *Index-Catalogue*. The job was not continued when the third series appeared, but it was later carried on by providing typed cards for entries in the fourth series. This card catalog is a very incomplete and therefore inade-

quate tool. In 1943 when recently made shelf-list cards for 4690 titles were checked against it, no fewer than 1047 items were found to be unrecorded.

Many entries established by the Index-Catalogue Division, particularly those for corporate names, are not in conformity with common American practice. For example, the Child Study Association of America, which would generally appear under that name in other library catalogs, is listed under "America. Child Study Association of America." Other examples might be mentioned, such as the publications of the Association for Research in Nervous and Mental Diseases, which in the *Index-Catalogue* and in the card catalog are listed under "Baltimore, Md." for no other reason than that their present publisher is located in Baltimore. Because of conflicting policies in the Library, it sometimes happens that a card is filed right next to a *see* reference that tells the reader to look elsewhere to find such an entry. Two different systems of filing have been used: one, a word-by-word system, and the other, a letter-by-letter system. As a consequence, identical entries may be filed in two different places, to the inconvenience of the user.

Readers are able to find many items in the card catalog, particularly those listed under personal names, but in general they ask the Library staff to find the entries for them. Thus the ideal of self-service which is sought for catalogs in other similar institutions fails in the Army Medical Library. It fails to such an extent that it is evident that cataloging has not been adequately provided for. In point of fact the card catalog is so poor that the surveyors believe it should be scrapped and replaced by a new and efficient one, even though that will be a very expensive procedure.

*Location symbols.*—Even when an entry has been found in the card catalog (or in the *Index-Catalogue*, for that matter), other difficulties still confront the person trying to secure a book. The next problem is to find a call number or class mark on the card, and, if there is none, to locate the book by some other means. The most prominent notation on many cards is the accession number, but that is of no use for this purpose. Another number, the one in the upper left-hand corner, has to be disregarded also, since it is an indication of how many cards were typed for that particular item. Other figures in the same corner may, however, be location symbols. In blue or black pencil, or typed on the card, they may indicate the pamphlet

box where the item is filed. Sometimes that number is prefixed by a symbol such as "P" or "Bx" to make it clear that it refers to a pamphlet box. On the pasted cards the box number may have been printed at the end of the entry, thus providing another place where the reader must look for the information. Dissertations are indicated by a star prefixed to the first word of the title. Usually, but not always, this device is an indication that the item is shelved with the collection of dissertations; but in any event the symbol does not serve as an effective part of the call system.

The class mark for material on the classified shelves may be recorded on the cards, but all too often there is no indication as to where books are to be found. Then the reference staff has to use its ingenuity if it is to find them, and in effect has to classify each item over again every time it is asked for. In fact, the staff spends upwards of two-thirds of its time running down books for readers (something a proper card catalog and call system would obviate to a large extent) instead of doing real reference work.

If there is a class mark on the cards, it may be written or scribbled in the upper right-hand corner, elsewhere on the top of the card, or even vertically in the left-hand margin at the side of the card. Either blue or black pencil has been used for this notation.

*The process of library cataloging.*—There are only two catalogers, one of whom is newly out of library school and the other is little more than a clerical assistant. These inexperienced assistants cannot be expected to do the kind of cataloging needed for a great research library, although, if their work is properly directed and supervised, they may be in a position to learn.

The catalogers do practically no authority work as they establish headings. This is left for the Assistant Editor of the *Index-Catalogue* to do just before the entries are sent to the printer. The proper time to do authority work is, of course, when the cataloger has the book in hand. The Assistant Editor may be able to do the work more economically, but it must be difficult for her to identify authors without having the book in front of her. Moreover, this procedure means that many headings in the card catalog and in the *Index-Catalogue* do not agree, for the Assistant Editor does not revise the card catalog when she makes changes in the copy for the printer.

Two cataloging functions are at present assigned to the Circulation and Reference Division, shelf-listing and classification. The fact that

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entirely unrelated cataloging practices were started at the Cleveland Branch must be ascribed in some measure to the lack of a definite library policy in regard to a card catalog.

#### CLASSIFICATION

The original scheme for the classification of the Library was devised by Dr. Billings. It consisted of a relatively few and simple broad classes. No special notation was worked out to go with the scheme, but instead the actual name of a class was used, without abbreviation. Class marks of this kind were written on the bookplate inside the front cover of each book. Unfortunately, they were not always put on the catalog records. This omission must be considered the prime failure of the scheme and a basic cause for its break-down.

For the shelving of the books neither book numbers nor book notations of any kind have been used. Since the author entry has not been indicated by any such device, the stack attendants have naturally shelved the material under any name that seemed appropriate to them. In so doing they may have chosen the wrong name or the wrong form of a name, thus adding to the difficulties encountered by anyone trying to locate books.

*Unclassified material.*—The books in the classified section—if it can be called that—number a little over a hundred thousand. The rest of the collection is, strictly speaking, unclassified. It is made up, for the most part, of six large groups: dissertations, the pamphlet collection, periodicals, the reference collection, the rare book collection in Cleveland, and the statistical and documents collection. Each of these groups possesses some kind of arrangement of its own, which makes it possible to locate and use the material, though not to best advantage. Much of this mass, which makes up by far the largest part of the Library's collections, should be placed on the classified shelves, so that its potential usefulness may be increased. The periodical files are an exception to this statement. They do not need to be classified. The reference staff, realizing the extent to which they are used, has recently begun to rearrange the periodicals alphabetically according to the entries in the *Union List of Serials*. This is a great improvement over the former arrangement, which was on a country or language basis. The rearrangement as far as it has gone has already improved the service, and the job should be completed as soon as possible.

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## HINDRANCES TO GOOD WORK

A library is cataloged and classified so that readers and staff may know what books it contains and how these may be obtained readily. In the Army Medical Library the catalog records are so inadequate that it is frequently difficult to tell whether an item is in the collection even after a search in a number of places. It is also frequently difficult to obtain the item once it is established that it is in the Library. In any library it is a matter of consequence if a book cannot be produced, but where it affects the war effort of the country, as may be the case at the Army Medical Library, a more efficient system is of special importance. If, for example, the Army Medical Library has the only copy in the United States of a Dutch treatise on medical conditions in the Dutch East Indies, and this is needed by the Army, it is a serious matter if it cannot be found. The money saved through not providing adequate records cannot possibly compensate for the loss that comes from failure to produce such an item when it is wanted.

The Library should be able to give rapid and efficient service in any emergency during a war or in times of peace, just as it should be able to serve research requirements at all times. To give good service it must be able to rely on its catalog records and its classification system. Under present conditions consistently good service is impossible. There is very little about the card records and the classification scheme that is worth salvaging, simply because they were not planned and maintained on a proper basis. The surveyors believe that in the long run it will be cheaper and better to discard them completely and start over again. This is said with great regret and full realization of what is involved in the complete recataloging and reclassification of a great reference library.

## The Index-Catalogue

The *Index-Catalogue*, as its compound name implies, is both a catalog of the holdings of the Army Medical Library and an index to their contents. Because the Library is so large, an index of its possessions naturally becomes a key to much of the entire literature of medicine. This publication has come, therefore, to serve the medical profession as a whole, furnishing a continuous bibliography of medical literature, each series of which appears over, roughly, a twenty-year period.

A congressional appropriation enabled Dr. Billings to publish the first volume in 1880, and since then, with occasional delays and interruptions, the work has appeared at about the rate of a volume a year. The latest volume, Series 4, volume 7, contains 66,945 references, while the fifty-four volumes thus far published comprise 3,118,776 references.

The first series, published in dictionary-catalog form in sixteen volumes during the years 1880 to 1895, covered the material then in the Library. Subsequent series have recorded later acquisitions: Series 2 being issued in twenty-one volumes from 1896 to 1916; Series 3 in ten volumes from 1918 to 1932; and Series 4 beginning in 1936 and reaching volume 7, which covers the letter *H*, in 1943. Done in this way, material entered under the letter *A* and acquired after 1936, may not be recorded in printed form until 1955, but there will be a temporary slip-record of it in the Library.

The *Index-Catalogue* contains author and added entries for books, dissertations, government documents, pamphlets, and serials. Subject entries are made not only for this material but also for articles in periodicals. By searching through all four series it is possible to gather together references to a topic from the beginning of printing down to the date of the last published volume. Additional references from the entries waiting to be printed or from the *Quarterly Cumulative Index Medicus* will bring such a listing up to date. The *Index-Cata-*

logue, then, is a tool for every research worker in the field of medicine, every physician, laboratory worker, historian, student, and librarian, making it possible for them to procure a working bibliography on any medical topic with a minimum of labor.

#### PRESENT SITUATION REGARDING THE INDEX-CATALOGUE

If the *Index-Catalogue* is to fulfill its function as an index to the world's medical literature, it must cover all publications of reasonable importance. This can be done only if the necessary material is available to the indexers. Unfortunately, as noted in Chapter III, a great deal has not been available, especially during the last twenty or twenty-five years. The gaps in the Library's holdings were less noticeable in the first two series than they are in Series 3 and 4.

Another factor determining the efficiency of the indexing service is the extent to which the material received is covered. Here several deficiencies may be noted.

1. Subject entries are generally limited to one per item, which is too low an average, especially when it is borne in mind that the *Quarterly Cumulative Index Medicus* finds it desirable to average between three and four entries per item.
2. The *Index-Catalogue* is not a full dictionary catalog. Author analytics are not made for periodical articles and for articles in some collections such as *Handbücher*. It is consequently impossible to trace any of the writings of an individual other than his monographs or his dissertation.
3. Biographies which do not mention the writings of the biographee are often not indexed. Many persons of importance to medicine may not have written anything, or a biographical notice may fail to mention a man's writings and yet still contribute to our knowledge of him. Even seemingly minor biographical information can often prove to be highly significant.

On the other hand, unnecessary coverage is provided for much material.

1. Minor articles, especially those of local or ephemeral interest, could often be passed by. The surveyors appreciate that this is a matter of judgment.
2. Books and articles in fields not related to medicine sufficiently closely do not need to be indexed. A few examples of entries that could have been dispensed with are: those dealing with plastics and rubber in the *Scientific American*; with general science in *Nature*; with archeology in *Man*; with international law in *Social Research*;

and with jest books in the *Bulletin* of the New York Public Library. For these, as for much other borderline material, the various periodical indexing services may be relied upon instead, although borderline material which is definitely related to medicine should be, and is, properly covered.

3. Reference material of a general nature (such as general dictionaries, encyclopedias, and bibliographies) does not need to be included.
4. Tables, charts, illustrations, parts of chapters, etc., do not need to be indexed separately.
5. It often happens in the proceedings of societies that the account of the discussion is printed at the end of a paper. Brief statements of that kind are for the most part of too minor a nature to warrant indexing.

Besides listing medical publications by author and indexing them by subject, the *Index-Catalogue* has from time to time contained useful compilations. These appear either as very detailed subject-groupings, or as special supplements bound with the main volume. They have included lists of indexed periodicals arranged by country, lists of national and international congresses, and a check list of incunabula and early imprints. Not so many such projects have been undertaken in Series 3 and 4, and their lack has been keenly felt. However, certain undertakings of this nature are being started on too large a scale to be practicable in connection with a publication of the scope of the *Index-Catalogue*. The *Bio-Bibliography of Sixteenth Century Medical Authors*, the first fascicle of which was issued with Series 4, volume 6, is probably too large an enterprise in its own right to be carried on as a subsidiary of the *Index-Catalogue*. Likewise, the "World Catalogue of Medical Books" envisioned by the Librarian in the *Current List of Medical Literature* of August 5, 1943, is a project that can hardly be attempted until the present commitments of the *Index-Catalogue* are more adequately fulfilled.

The indexing of periodical articles covers a vast amount of material, yet is done with a relatively small staff. There are two reasons why so much work can be turned out by so few people. First, the actual typing of the cards is a mechanical routine which can be carried out with speed by good typists. Second, assignment and revision of subject headings have been cursory procedures entirely without a systematic basis or careful execution. It should be stated in connection with this second point that the principal shortcoming derives from the fact that there has been no carefully compiled subject

authority list to be strictly adhered to. Satisfactory results cannot be expected when headings are assigned and revised arbitrarily or from memory; when the revision is done from the index cards instead of from the periodical articles themselves; and when hardly any cross references are made or are available.

Revision of the author entries prior to the printing of a volume suffers from the same shortcomings as the cataloging service. Authority work is done at this stage, but ordinarily without the book itself in hand to help in the proper identification of authors. The preparation of subject entries for printing is in effect an almost total reassignment of subject headings, repeating with exactly the same lack of system the labor of choosing appropriate terms and fitting entries under them, this time without the material in hand for reference. The work is performed on the theory that only the main catchword counts in the original subject heading. This is because the main heading is usually the only part retained in preparing the entries for the printer, the subheadings being done over just as completely as though they had never been assigned.

The original assignment of subject headings does little more than gather in one place the material on a fairly broad subject. But even this does not altogether work out in practice because the lack of coordination leads to the entry of material under a variety of synonymous and allied headings. Articles on twins, for example, may be found under four related headings: *Abnormities, Double; Birth, Plural; Pregnancy, Multiple; and Twins*; and sufficient care is not always taken to see that accurate distinction is made. The dearth of *see* references results in exactly similar material appearing under such synonymous headings as *Pyelography* and *Kidney, Roentgenography*. The lack of a reference from a term used in earlier series to that employed in the present one necessitates either a complete reorientation of the subject in the reader's mind, or a long and frequently unsuccessful search for the new location of the material.

If it is desired to include a particular heading in the *Index-Catalogue*, but cards are lacking for it, a search may be made through thousands of other cards in the file until four, the minimum number required under a heading in the *Index-Catalogue*, are found to go under it. Sometimes these items are located through the *Quarterly Cumulative Index Medicus* or otherwise.

The choice of terminology is often determined not by the suit-

ability of any given term but by the fact that it is desired to include certain material in that part of the alphabet on which work is being done at the time. This practice may result in considerable confusion in using the *Index-Catalogue*, since, for one thing, it may have led to the printing of a number of blind cross references. Further, the shifting of blocks of material from one heading to another may delay its publication for many years.

The Government Printing Office reads the proof with the copy, but, due to pressure of work, the Index-Catalogue Division until recently has been unable to do so. There was, therefore, no possible way for it to catch many errors. The change is heartily commended.

### THE INDEX-CATALOGUE AS A BIBLIOGRAPHICAL TOOL

The dictionary arrangement of the *Index-Catalogue* is exceedingly convenient for consultation. The single alphabet makes it necessary to look in only one place for specific information, and the separation of books and periodical entries under subjects permits quick distinction. The full lists of contents frequently included are very useful and often hard to find elsewhere.

However, a number of cataloging policies in the *Index-Catalogue* are inadequate, awkward, or questionable. Among the more serious failings are: the too frequent omission of the full name and dates for authors; the complete absence of the statement of the source in subject entries for book analytics (a recent economy); the paucity of author and subject cross references, particularly *see* references; the failure to identify kings and rulers by country; and the scanty information given for serials. Improvements could also be made in regard to:

1. The position of the collation, which precedes the imprint and which results in peculiar awkwardness in the case of the pagination for author and subject analytics
2. The variety of ways in which biographical entries are made
3. The entry of societies under locality instead of under their real name
4. The entry of serial publications of corporate bodies under their title (as *Transactions*) instead of under their cataloging form in the list of periodicals with their abbreviations

In addition, brackets could be omitted from the given names of authors, while the abbreviations used for periodical titles could be

made more uniform. Much could be done to improve the arrangement of entries, which sometimes follows a letter-by-letter scheme and sometimes a word-by-word scheme, as well as several other variations.

As regards the typography, several improvements are possible. The indention leaves something to be desired. An unfortunate effect is created by indenting authors' names but not subject headings, and also by printing the subject headings in much larger type than the names of authors. The size of the small type, used to list periodical articles, has been reduced below the level of comfortable reading.

### THE INDEX-CATALOGUE DIVISION

The Editor of the *Index-Catalogue* also serves as Chief of the Division which, although of relatively recent organization, is the largest in the Library. Thus he carries direct responsibility for a number of major activities: cataloging, indexing, subject heading, editing and publishing the *Index-Catalogue*, some reference work, extensive bibliographical undertakings, administrative consultation with other divisions, and, until recently, classification. The assistants nominally in charge of various parts of the work do not share this responsibility adequately, and all decisions, minor as well as major, are referred to the Chief of the Division.

The poor quality of cataloging that is done in this Division is due first of all to a lack of appreciation of modern library methods and to the absence of a thoroughly trained and experienced cataloging staff. Cataloging routine is perfunctory; revision is unsatisfactory; there are too many opportunities for error in details. It speaks eloquently of the industry and good will of the catalogers that so much is accomplished.

Among its other varied activities, the staff of the Index-Catalogue Division maintains and files the card catalog in Library Hall; it takes care of the more extensive kinds of reference work, especially in the way of compiling bibliographies and making translations; and it has charge of the art and portrait collection and of several other matters, such as the index of legal medicine, all of which serve to round out a full day for everyone. Some members of the staff have much more to do than can be accomplished properly, and the caliber of the work suffers accordingly.

## Reference and Circulation Service

The service end of the Library has had heavy demands made upon it as a result of the country's being at war. This is only natural, for as an Army library it must expect to give its greatest service at such a time. At the outbreak of hostilities, however, the Library, which had been inadequately supported for years, was not prepared to meet the increased demands. The situation had to be corrected by taking two important steps. The first was to add several trained reference librarians to the staff, including a new Chief of the Circulation and Reference Division, and the second was to develop the Photoduplication Service extensively. As a result, the Library has been able to make a worthy contribution to the war effort, although the staff has had to contend with serious handicaps that should never have developed or should have been removed in times of peace.

The number of readers coming to the Library in person represents only a part of its public, since most of its service is by mail, express, or microfilm. Those making direct use of the Library consist of the staff attached to the Surgeon General's Office and the Army Medical Museum, employees of other government offices, representatives of local publishing houses, research workers, and a small number of local and out-of-town physicians. In 1942/43 there were 5856 such readers, which seems altogether too small a number for such a great research institution. About twenty-four thousand volumes were consulted within the building by these readers and the Library and Museum staffs. These figures should be increased greatly as the service continues to grow and improve.

As compared with this use in the building, some thirty thousand volumes were used by out-of-town readers, either directly through interlibrary loan or indirectly through the Photoduplication Service. Very naturally and properly the Army was the principal user of these services. In a recent small cross section of the borrowers, both in the Library and outside, the following distribution was noted:

TABLE 4

|   | <i>Percentage</i> |
|---|-------------------|
| Army camps and hospitals.....                             | 32.5              |
| College and university libraries.....                     | 19                |
| Government libraries in the District of Columbia.....     | 15.5              |
| Hospital, medical-society, and public libraries.....      | 14                |
| Physicians in the District of Columbia.....               | 9                 |
| Nongovernmental libraries in the District of Columbia.... | 3                 |
| Veterans Administration .....                             | 3                 |
| Industrial concerns .....                                 | 2.5               |
| State boards of health.....                               | 1.5               |

Thus governmental organizations accounted for 51 per cent of the borrowing, and 72.5 per cent of the borrowers resided outside the District of Columbia.

The Photoduplication Service shows that the work done for the armed forces and for federal departments increased from 42.5 per cent in the first six months of 1943 to 62.8 per cent in the next four months. Of this amount, more than 16 per cent is sent directly overseas for Army or Navy use. Work for medical schools, hospitals, and research institutions was 52.6 per cent of the total for the first six months, and 26.8 per cent for the next four months. Foreign governments required 4.9 per cent of the total in the first six months and 10.4 per cent in the next four months.

The accomplishment that lies behind these statements needs to be interpreted in terms of the difficulties encountered by the staff in its determination to give good service. These difficulties are described elsewhere in this report, but they come to a focus at the service end of the Library. They include deficiencies in the acquisition, cataloging, and binding programs; inadequate catalog records; lack of a shelf list and hence the absence of an inventory of the book stock; the failure of the call system; the transfer of part of the collection to Cleveland; and finally the fact that the Circulation and Reference Division and the Index-Catalogue Division have been out of step.

A library's catalog is the reference librarian's most important tool. It is probably fair to say that the *Index-Catalogue* is serving other libraries better than its own. In fact, for recent acquisitions the reference staff tends to consult the files in the Acquisition Division almost as much as the catalog records.

So great was the need for an inventory of the collection and for a record of what is actually in the Library that the new Chief of the Circulation and Reference Division set about making a shelf list.

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The shelf-list cards as they are made are checked with the card catalog, and entries are supplied where they are needed. A weakness in this system is that the card catalog is so imperfect that there is no way of telling what is missing from the collection; and to obtain this information a copy of the *Index-Catalogue* should be checked similarly and marked.

The new Chief of the Circulation and Reference Division also took over the function of classifying the books. So great was and is the disagreement between this Division and the Index-Catalogue Division regarding the location of books that the Librarian has had to intervene. He created a book pool to which all books must be sent after cataloging, and if anyone then desires a book for a particular location he reserves the right to arbitrate. This method has not proved very satisfactory.

The conflict of views between the Circulation and Reference Division and the Index-Catalogue Division is much wider than this. It is due primarily to a disagreement over the Library's objectives. The Editor of the *Index-Catalogue* has naturally emphasized the importance of that work to the Library; the reference staff on the other hand feels that the primary purpose of the institution is to give service to the Army and the other users. The Survey Committee believes that both objectives should be kept in mind. The *Index-Catalogue* is a work of paramount importance to the whole medical world, and must continue to be so. Nevertheless, the Library does have another function as well which should not be overlooked in the future to the extent it has been in the past. Service to its medical clientele, military, governmental, professional, and research, should be no small part of the Library's justification for existence. Such service in the form of loans, microfilms, and the furnishing of information ranging in magnitude from the verification of a reference to the production of a comprehensive bibliography is the least that can be expected of a modern reference library. But such service can be given only by a qualified and trained staff equipped with a plentiful supply of the best bibliographical tools. The books of the Army Medical Library are intended for use by readers, either directly by the individuals or indirectly through the professional assistants, a fact which has not always been sufficiently appreciated by the *Index-Catalogue* staff. Disagreement over this matter of objectives has seriously affected the morale of the Army Medical Library, and clarifi-

cation of the situation, with acceptance by all concerned of the decision reached, will have a wholesome effect on the Library generally.

Much of the lack of cooperation has centered around the collection of reference books. For many years these were not readily available to the reference staff, and in such circumstances it is small wonder that the reference service fell into decline. The new Chief of the Circulation and Reference Division realized that proper reference work could not be carried out without ready and constant access to these tools. In other libraries it is the accepted policy to allow the reference staff first choice of reference books, some of which may be duplicated for the catalog department. The Library of Congress has an unusually large collection of reference books in its catalog department, and this fact is cited by the Index-Catalogue Division as a sound precedent for its desire to monopolize the reference books. The Library of Congress has built up the collection, however, by extensive duplication, which does not seem called for in the smaller set-up at the Army Medical Library. But in spite of this, the policy at the Library of Congress is to give the reference department first choice of all reference books.

As things are constituted at present, in addition to keeping circulation records, the Circulation and Reference Division has three major activities. Its chief occupation is searching for the books that have been requested. Although there is an ample staff of pages in the stacks, the reference librarians have to spend roughly two-thirds of their time trying to find material the pages cannot produce. This shows the extent to which the call system has broken down and the stacks are out of order. To meet this situation, a second large task has now been undertaken: the reorganization of the stacks so that material may be found more easily. One phase of this is the rearrangement of the periodicals in a single alphabet in the order used by the *Union List of Serials*. At the same time, a start has been made on shelf-listing the monographs, but this part of the work is moving slowly and cannot properly be completed until a classification scheme has been decided upon. Reference work forms the third and, as yet, but a small part instead of the main part of the duties of the Division. This seems inevitable under present circumstances, but it should eventually become an outstanding service of the Library. In regard to reference work, too, there has been disagreement with the Index-Catalogue Division which in 1942 was called the Division of Index-

Catalogue and Research and which still desires to take responsibility for all reference work involving any kind of research.

The Library's loan regulations permit practically all material later than 1850, other than unbound periodicals, to circulate. Its routine for interlibrary loans is well organized, and if it were not for the constant delay due to the difficulty of finding books, it would be satisfactorily prompt. As is to be expected, the types of material requested show a high concentration on purely medical subjects: 90 per cent medicine, 9.5 per cent allied sciences, and 0.5 per cent general literature. According to a recent test, half the books called for were American. This was influenced no doubt by the fact that current foreign material is relatively unavailable. The demand is for comparatively new titles, 70 per cent of the requests being for books and journals published since 1930 and 82.5 per cent for those published since 1920.

#### PHOTODUPLICATION SERVICE

Although Photoduplication Service is a part of the Administrative Division, it is considered here because fundamentally it is a service to the public and its closest contacts are with the Circulation and Reference Division. The work began rather informally in 1937 when Dr. Seidell provided the Library with a microfilm camera which was operated by help supplied by the Biblionfilm Service located at the Department of Agriculture Library. Further gifts by Dr. Seidell in 1940 made it possible to set up the Medicofilm Service in the Library. (Dr. Seidell's contributions in services, equipment, and funds should be gratefully acknowledged.) In June 1942 this resulted in the development in the Library of the present Photoduplication Service. The weekly *Current List of Medical Literature* was started in 1941 by Dr. Seidell, and through it readers are kept informed of material available for filming. As a direct consequence, the volume of work has increased greatly, so that larger quarters, more equipment, and increased staff have had to be provided.

In January, 1943, the Library decided that the Photoduplication Service should supply microfilms free, not only for the Library and for the Surgeon General's Office but also for all government offices and for individuals connected with accredited institutions. This free service was to be provided in place of lending the books or periodicals. It represented an extremely interesting development in library

economy. The theory behind the move was expressed in a statement issued on September 1, 1943:

The Library recognizes that microfilm copying is a service which publicly supported reference libraries may well perform on an equal basis with that provided for readers and by interlibrary loans. In the pursuance of such a policy, microfilms will be sent without charge in lieu of the loan of books to those who prefer them or where books or journals cannot be loaned.

The Photoduplication Service is engaged chiefly in microfilming on a large scale for government agencies and the general medical public. On a very small scale it also produces photostats, photoprints, photographs, and lantern slides; it experiments in the production of improved equipment, and furnishes advice on microfilm work; it does a good deal of mimeographing for the Library; and it has charge of storing and servicing the Library's collection of microfilms.

The routine seems well organized, but it takes too long to get orders out. Part of the delay is due to the unavoidably slow delivery of material by the Circulation and Reference Division. Another reason is that the Chief Photographer, who sends out the completed work, is too busy with other things to get orders out the day they are finished. Until the end of 1943, when the building was rewired, lack of electric current kept half the photographic equipment idle, while cramped and divided quarters were a serious handicap.

The items supplied in 1941 showed a monthly average of 558; in 1942, 444; in the first six months of 1943, 1833; and for the next six months, 2344. The record of pages microfilmed is not available for 1941 and 1942, but the increase in 1943 is striking:

TABLE 5

| <i>Month</i>   | <i>Pages micro-<br/>filmed</i> | <i>Month</i>    | <i>Pages micro-<br/>filmed</i> |
|----------------|--------------------------------|-----------------|--------------------------------|
| January .....  | 34,948                         | July .....      | 136,600                        |
| February ..... | 21,789                         | August .....    | 112,956                        |
| March .....    | 55,184                         | September ..... | 97,844                         |
| April .....    | 82,312                         | October .....   | 105,266                        |
| May .....      | 42,680                         | November .....  | 121,613                        |
| June .....     | 68,316                         | December .....  | 128,263                        |

Medicofilm Service continued to exist as an unofficial body along with the Photoduplication Service. Its principal activities at present consist of:

1. Making long-run microfilms on a paid basis, especially for the American Bureau for Medical Relief for China
2. Administering the financial affairs of the *Current List*
3. Administering the financial affairs of the Friends of the Army Medical Library
4. Carrying on miscellaneous activities, such as sponsoring the small microfilm viewer recently developed

## The Cleveland Branch

By 1942 it was apparent that the Library was so overcrowded that a part of the collection must be removed from the building to relieve the intolerable congestion. The need in wartime of a safer place than Washington for the rare books was under consideration also. A survey of library accommodations in the East and the Middle West disclosed suitable quarters for storing upwards of a hundred thousand books at the Allen Memorial Medical Library in Cleveland, Ohio. On June 1, 1942, a lease was signed for space in that building at a rental of \$8,000 per year and with an option for eight years in all. Shelving had to be provided, and other conversions were made, at a cost to the Army Medical Library of \$13,672.59.

From August 25, 1942, to January 20, 1943, a total of 894 boxes of books was shipped from Washington to Cleveland. The material sent was of two kinds: a considerable portion of the Library's rare books and a large part of its statistical and document collection.

At the end of 1943 the Librarian felt that more material must be transferred, but this time it was not so easy to decide what to send. The question was complicated by the fact that the officer in charge of the Cleveland Branch did not like to regard it as a storage collection, which in some ways it already was. Once more the work of the Library was complicated by lack of agreement over its objectives. In effect the Cleveland Branch, the Index-Catalogue Division, and the Circulation and Reference Division have each set up independent objectives, so the Librarian is confronted with three important parts of the organization pulling in different directions. The officer in charge of the Cleveland Branch expresses his idea of its purpose when he says in his Annual Report for 1942/43: "The restoration of the rare books as well as the binding of the medical documents and vital statistics is the primary concern, the *raison d'être*."

It seems clear, however, that the real reason for the existence of the Cleveland Branch was to provide much needed space in the main

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Library and incidentally to assure the safety of the treasures in the collection. A number of libraries on the Atlantic seaboard shipped books inland during the war emergency. For the most part these items have been left boxed up for the duration of the war, which would have been a perfectly possible course of action in this case, and certainly a much more economical procedure. It was realized, however, that much work needed to be done on both the rare books and the statistical and document collection; so the books were unpacked and shelved in such a way that they could be worked over and further deterioration prevented.

In addition to the officer in charge, who himself was a trained librarian, a civilian librarian was appointed together with three trained professional assistants. Two experts in the repair of rare books have been added and given professional status. Two secretaries and a custodian-messenger complete the regular staff.

The program suffered at first from a lack of experience on the part of the staff with a specialized rare-book collection, and some mistakes were made. However, it would not be just to fail to state that the preliminary sorting and arranging, as well as the many other tasks involved in moving the books to Cleveland and placing them on the shelves there, was arduous labor which was faithfully performed.

It was certainly a very wise decision to bring the rare books together, where formerly they had been scattered throughout the book collection and neglected. As soon as it is practicable the rare books that remain in Washington should likewise be brought together, so that they can be properly cared for. The extent of the neglect can be measured by the figures provided by the officer in charge of the Cleveland Branch for the rare books and manuscripts there. He estimates that over fifteen thousand, or more than three-fourths of them, are in need of repair and that the restoration cost will come to \$99,845.

The incunabula number 483 bound volumes. Fifteen items supposedly in the collection could not be found when a check was made. On the other hand, eight items reported missing in 1938 were found at Cleveland. Obviously, greater care should have been taken of the incunabula in the past.

The other items classed as "rare" and sent to Cleveland consist chiefly of sixteenth-, seventeenth-, and eighteenth-century publications. Their distribution is as follows:

|                           |              |
|---------------------------|--------------|
| Sixteenth century .....   | 2,672        |
| Seventeenth century ..... | 4,346        |
| Eighteenth century .....  | 11,048       |
| Later works .....         | 472          |
| Special collections ..... | 846          |
| Manuscripts .....         | 300          |
|                           | <hr/> 19,684 |

The sum of five thousand dollars was available for the rebinding program for the first year at Cleveland. Thereafter a binder was added to the staff of the Branch. It is obvious that much time and money must be spent on restoring the collection and that the work should not be indefinitely postponed. It is hoped that a course of action can be planned and approval for it obtained.

During the first year, 944 volumes were rebound in buckram and with machine sewing, while 71 volumes were bench sewed and bound in leather. In addition new silver clasps were provided or old ones repaired for 76 volumes. Good judgment was not always shown in details of the rebinding program, but it is believed that this situation has now been improved. It was necessary for the surveyors to raise certain questions as to how the actual repair work was being done. Should an incunabulum be rebound? Should rare books be machine sewed? Should clasps be supplied to take the place of broken or missing ones? How far can a commercial bindery be expected to have the discrimination needed for much of the work? In short, the necessity of having somebody connected with the work who had a real knowledge of the proper treatment of rare books became evident, and efforts were made to find one. It is believed that there has been a real improvement in the policies and methods being followed in the repair program.

Two professional catalogers, originally hired to catalog the statistical collection, have been shelf-listing the books. The shelf list is a matter of first importance and should be pushed to completion, with the record kept as simple as possible so long as it is sufficient to identify the volumes on the shelves. The shelf-listing could be done in a comparatively short time, however, with clerical help. This would leave the two catalogers free to help the trained librarian who is in charge of the statistical and documents collection. The first task here has been arranging the material and studying means of treating it. The assistant in charge should formulate the cataloging policy, coordinate the various cataloging processes, supervise and advise the

work of the two catalogers, and do everything possible to bring the work into line with policies and practices approved in the main Library.

It is possible that the Army Medical Library may be able to obtain space in one of the nearby government buildings in Washington. In that event the material at Cleveland can be returned to the capital since in the near future it will be just the space question keeping it in Cleveland. Several advantages would immediately accrue: all the rare items could be readily brought together; the statistical and documents collection could be reunited; the staffs could be merged; and uniform policies and practices could be adopted.

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## Relations With Other Libraries

The surveyors investigated the question of the relationship of the Army Medical Library with other libraries. They found, as was noted in Chapter VI, that the Library serves to a large extent as the central medical research library for the country. It can properly be called in many ways the National Medical Library, and as such it has lent books by interlibrary loan to a tremendous extent to libraries all over the United States. This lending amounts to some thirteen thousand volumes a year, which is more than the interlibrary-loan service of such great general libraries as Chicago, Columbia, and Harvard universities or even the Library of Congress. The Army Medical Library has performed a great service in this way and has complemented the equally large interlibrary-loan service of the American Medical Association Library, which covers current material primarily. As has also been noted, this service has been greatly extended recently through its use of microfilm and photostat for those who cannot come to Washington. The Library's work has not required extensive borrowing from other institutions, but its relationship with others has always been on a cordial basis in this respect.

Special comment along two or three lines should be made. In spite of the fact that the Army Medical Library is generally considered the National Medical Library, the copyright law is so worded that the two copies which must be turned over to a government library have gone to the Library of Congress in the medical as well as in other fields. As a result of this practice, a large medical collection has grown up at the Library of Congress, duplicating to a considerable extent the Army Medical Library.

The other library in Washington with a field partially overlapping that of the Army Medical Library is the one belonging to the Department of Agriculture. Here extensive duplication comes in the marginal fields between the two, since the Agriculture Department Library acquires material on a large scale on such subjects as

biochemistry, entomology, and nutrition, as well as veterinary medicine. The relationship between these two libraries has been entirely cordial, but it is hoped that the division of fields of collecting between them can be drawn a little more definitely.

This brings up the question of the division of fields in collecting on a national basis. It is a matter that unfortunately has not been faced by the libraries of the country in general, or by medical libraries in particular,<sup>1</sup> and there is therefore little to report about past accomplishments. It should be noted that whenever a library agrees to collect inclusively in a field, it makes it possible for other libraries to buy more selectively in that field.

As a basis for future planning, a summary statement of the present situation in the four largest medical libraries, and of the service they give, has been prepared. This statement includes: book resources, amount and character of financial support, and the size and qualifications of the staff. Recent figures on these aspects of their work were difficult to secure, and those given are based on data compiled in 1938, a better year to use, probably, than a war year. Present figures are doubtless comparable, except in the case of the Army Medical Library whose staff, expenditures, and activities have greatly increased since the war began.

#### COMPARISON OF THE FOUR LARGEST MEDICAL LIBRARIES IN THE UNITED STATES IN 1938

##### 1. *Size of the collections—*

The Army Medical Library had:

- 2 times as many volumes as the New York Academy of Medicine
- 2.5 times as many volumes as the Boston Medical Library
- 2.7 times as many volumes as the Philadelphia College of Physicians

##### 2. *Current subscriptions—*

The Army Medical Library had:

- Four-fifths as many as the New York Academy of Medicine
- 2 times as many as the Boston Medical Library
- 1.5 times as many as the Philadelphia College of Physicians

##### 3. *Book budget—*

The Army Medical Library had:

<sup>1</sup>It should be noted that Colonel Jones has provided some of the necessary groundwork for a medical-library program in his paper on "The Value of Special Collections in Medical Libraries," *Bulletin of the Medical Library Association*, 33 (1941), 40-55.

- 95 per cent as much as the New York Academy of Medicine
- 3.3 times as much as the Boston Medical Library
- 3 times as much as the Philadelphia College of Physicians

4. *Staff*—

The Army Medical Library had:

- Ten-elevenths that of the New York Academy of Medicine
- 4 times that of the Boston Medical Library
- 4 times that of the Philadelphia College of Physicians

5. *Readers*—

The Army Medical Library had:

- One-tenth as many as the New York Academy of Medicine
- Half as many as the Boston Medical Library
- Half as many as the Philadelphia College of Physicians

6. *Outside circulation*—

The Army Medical Library had:

- The same as the New York Academy of Medicine
- 1.5 times as much as the Boston Medical Library
- 2 times as much as the Philadelphia College of Physicians

The "outside" loans of the Army Medical Library were almost entirely interlibrary, while interlibrary loans for the New York Academy of Medicine were only a sixth of its total, and those for the other two nearly negligible.

7. *Total circulation (including outside loans)*—

The Army Medical Library had:

- Half as many volumes circulated (in 1942) as the New York Academy of Medicine (in 1937)
- 2 times as many as the Boston Medical Library
- The same as the Philadelphia College of Physicians

8. *Photoduplication services*—

The Army Medical Library is now far in advance of the other libraries. It does hundreds of thousands of pages of microfilms and a few thousand photostats and photoprints a year as against the New York Academy of Medicine's several thousand photostats and the comparatively few made by the other two libraries.

9. *Bibliographical services*—

These are harder to gauge. The Army Medical Library made 418 bibliographies (of not too high caliber) and did three thousand man-hours of translating in 1942/43, while the New York Academy of Medicine carried out 248 pieces of work, including making bibliographies and translations, and editing manuscripts. The other two libraries reported doing bibliographical work in 1938 "for a fee," which probably meant getting it done by persons not on their staffs, and it doubtless was not very extensive.

10. *Index-Catalogue*—

The Army Medical Library produces the *Index-Catalogue*, a vast

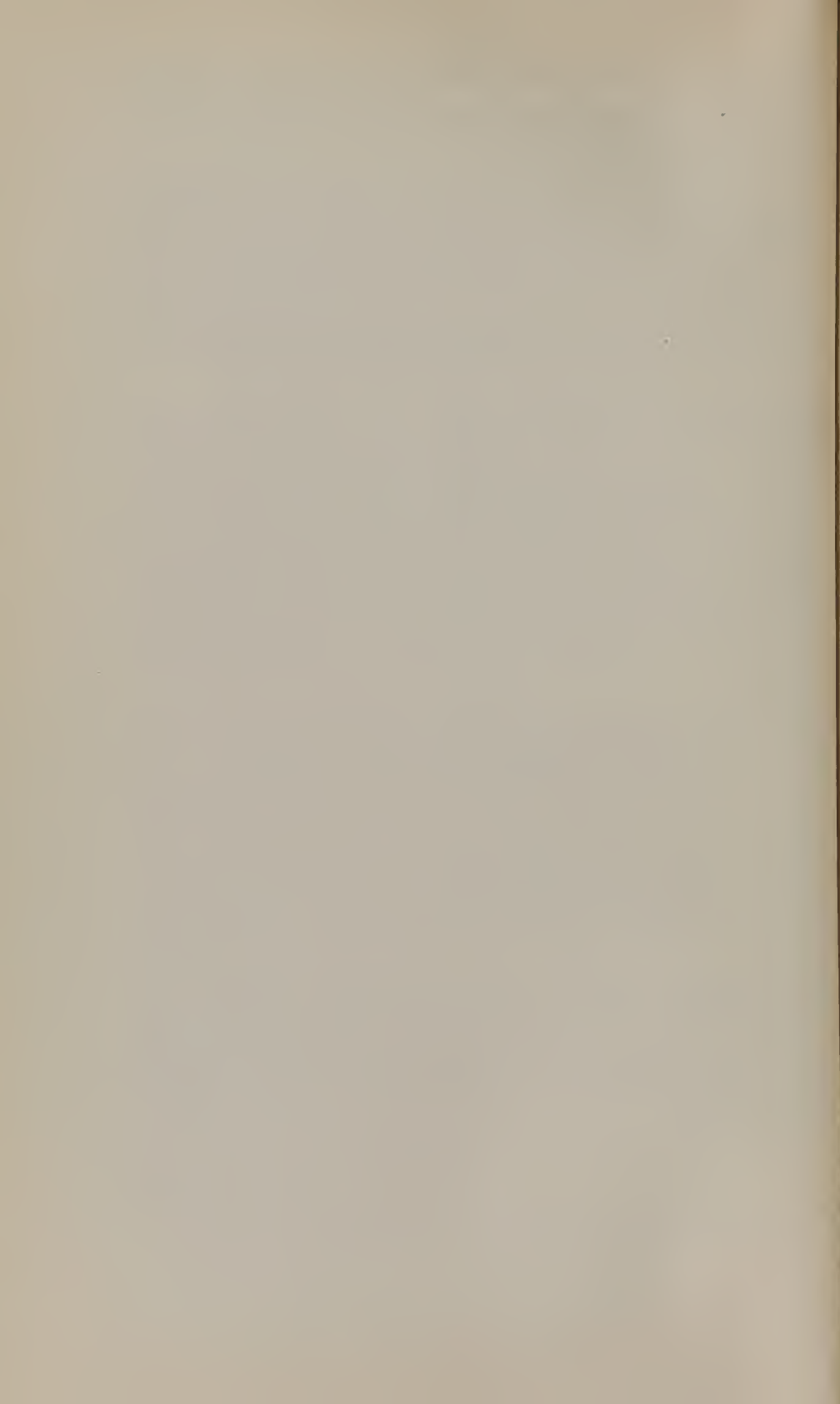
undertaking of outstanding importance. There is nothing at all in the other libraries to compare with it.

11. *Reference questions*—

In the matter of answering inquiries for information, there is no statistical basis for comparison. All that can be said is that the Army Medical Library's reputation, among other libraries and those individuals whose opinions were asked, has not been good in this respect. So little satisfaction had been obtained that most inquirers turned elsewhere for help. This condition is rapidly changing, however, with the advent of trained library assistants in the Army Medical Library. The other three libraries have been far ahead in this respect.

This, then, is a comparative picture of the medical library with the largest collection, budget, and staff, federally supported, serving many fewer people and giving individual bibliographical service of lower grade than the next largest library, and comparing unfavorably with the next two much smaller and financially poorer libraries, all of these three supported by endowment or local membership dues. The main contribution of the Army Medical Library, commensurate with its resources, has been its interlibrary-loan service, the production of the *Index-Catalogue*, and its present very large output of free microfilms.

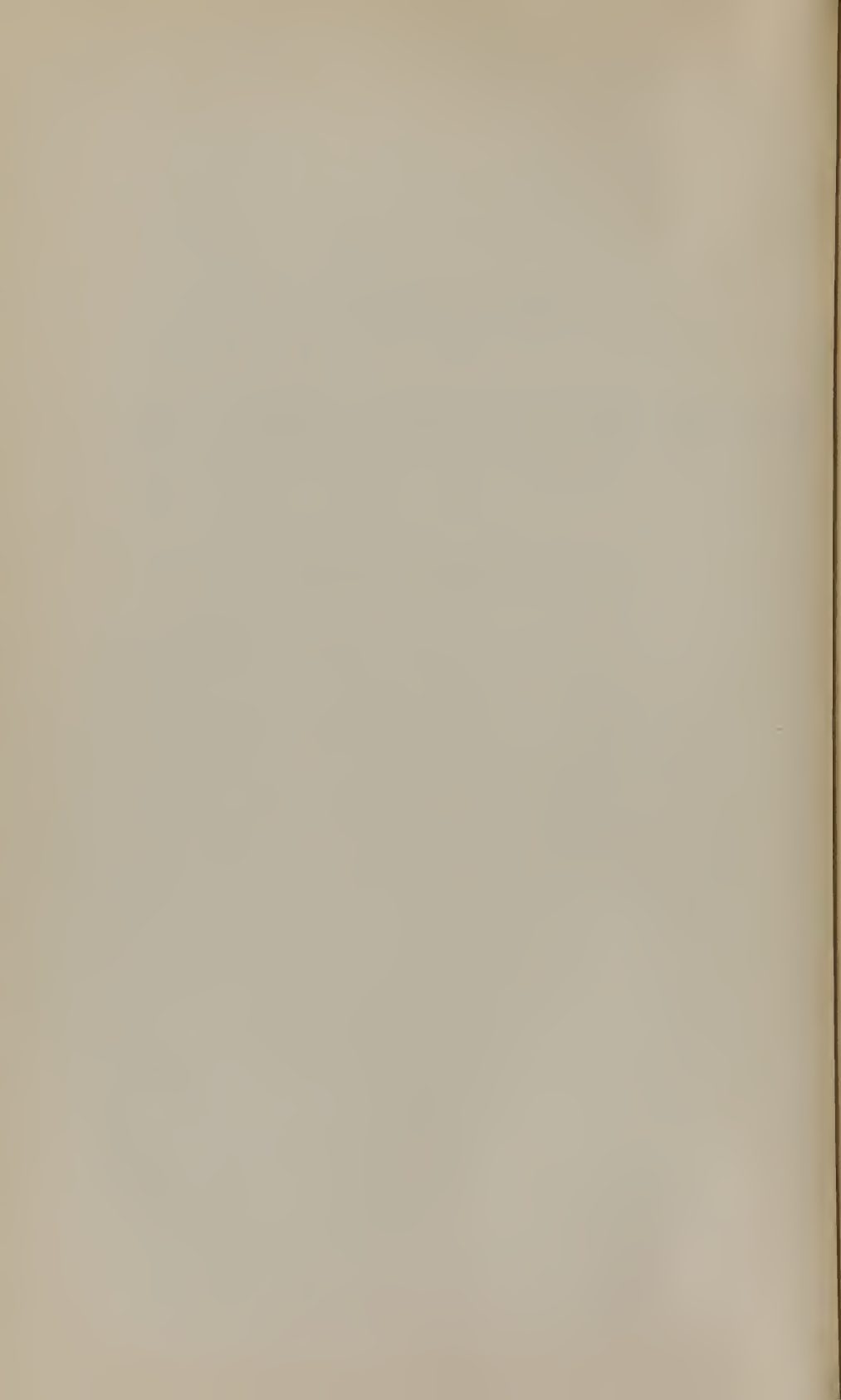
Until the institution of free films in 1943, the Army Medical Library had normally been drawn upon only for material unavailable in local libraries. It was turned to more frequently than the other large libraries because it was a federal establishment while the others were privately supported. Moreover, the two smaller libraries did not have the staff to cope with large interlibrary loans. The New York Academy of Medicine Library could and did to some extent. This was justified because, while the Boston and Philadelphia libraries are chiefly supported by members' dues, the New York library has been the recipient of large endowments from foundations made avowedly to further its educational services. Except for this, all three libraries are locally and privately supported, and logically served their immediate regions first; presumably they extended their work beyond these only when the Army Medical Library was unable to meet a request.



P A R T   T W O

*What the Surveyors Would Like to See*

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## What the Surveyors Would Like to See

In the preceding part of this report there has been given a rather detailed record of what the surveyors found in Washington and at the Cleveland Branch. The Army Medical Library has been in existence for over a hundred years. Any plans for its future must be built on its past and present, as the Library is not in a position to start over again from the beginning. The present situation has been described. Many weak points have been found in connection with the building, the collections, and the organization; but the fact remains that the Library contains what is on the whole the best collection of material relating to medicine to be found in America. It belongs to the United States Army, and is under the supervision of the Surgeon General. Before recommendations can be made for future plans, a statement of general principles and philosophy seems desirable, and while, as has just been said, the future must be built on the past and present, it will be of value to consider briefly what the theoretical lines of development might be for what we may well regard as the National Medical Library.

The natural place to begin is with its sponsors. The United States Army and the Surgeon General are proud of it. They feel the need of such an institution and would not willingly give it up. But it is only proper to take up the question of whether or not the Army, through the Surgeon General, should continue to preside over the destiny of the Library. Its status certainly could not be changed except by Act of Congress, but if it seems worth while, that might be accomplished.

As far as the surveyors can discover, there is no other branch of the government, aside from the Army, that could be considered suitable to take over the Library except the Library of Congress, and it seems desirable to discuss that possibility briefly. This change does not seem wise to the officials of the Library of Congress, to the Army Medical Library authorities, to the medical profession, or to the surveyors.

That alone would seem to settle the question, but the following comments may help to clarify the situation. The Library of Congress is tremendous in size and at best is an extremely complicated organization. Every unit added to it makes it just that much more unwieldy. It now has no special interest in medicine and does not have a staff trained in that field. There is no reason to believe that the change would save the government money, because the more complex the Library of Congress becomes, the more expensive is its administration and the greater the overhead for each volume that it contains. In due course, there is danger of its breaking down of its own weight unless it can be subdivided in some way, and medicine is a fairly definite subdivision of knowledge that makes a suitable unit by itself.

With all these things in mind, and considering the fact that the Army wants to keep the Army Medical Library, the surveyors believe that it is proper that it should, with these two qualifications: A new building should be erected as soon as possible after the war, preferably on Capitol Hill, and there the Library should be provided with adequate financial support. If the War Department is not ready to supply that support year in and year out, another sponsor must be found, or the Library cannot remain a great one.

If the War Department is to continue to take the responsibility for the Army Medical Library, and this report from here on is based on that premise, what does it need to do to build up the Library? It must be remembered that the collections are not just those for a "working library." They form a great research institution. For many years it has been widely spoken of as the National Medical Library, just as the Library of Congress has been spoken of as the National Library of the United States. It is first of all for the Army, but it is also for the country as a whole. As such, what should it do? This question may be answered briefly by saying that it should acquire everything published in its field and that it should make this material available, not only to readers who come to it in Washington, but by interlibrary loan or microfilm to any who have a legitimate right to ask for its service.

Applications for the use of the collections of the Army Medical Library will naturally come to a large extent from other libraries, medical and nonmedical, federal, state, and private. What should be its relationship to these other institutions? It would seem fair to consider the Army Medical Library as the central research collection of

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the medical libraries of the country. It should contain all the books published within the limits of its field and should make that material available: first, to the medical officers of the United States Army (here the service needs to be increased greatly and the relationship between the Army Medical Library and the medical units of the Army throughout the world made clear); second, to employees and agencies of the United States Government; and third, to proper individuals or institutions, through direct application, or, under certain circumstances, through interlibrary loan or microfilm service when their needs cannot be met elsewhere conveniently. It is evident of course that the Army Medical Library alone cannot take responsibility for supplying all the demands for medical literature for the whole country. There are many other medical libraries scattered throughout the United States, some large, some small, each one of which may be fairly expected to care for the general needs of those who live within convenient distance, to the limit of its ability. Calls should be made on the Army Medical Library only for material that cannot be supplied by the local medical library. Reasonable application of this rule will place a limit on the demands made on the Army Medical Library.

If this picture is accurate, the most difficult problem will come, not in connection with strictly medical literature, but with the borderline sciences. There definite delimitation of fields should be made between the Army Medical Library and other libraries.

If it is agreed, then, that the Army Medical Library is to be the National Medical Library to all intents and purposes, and place its collections at the disposal of all those who need medical literature and cannot get it locally, what kind of a set-up is required? To start with, it must have adequate financial support, and it must have it not just this year, but year in and year out. Two things must be kept in mind in this connection. The support of a great library must be continuous to be effective. A library's work is not something that can be turned off like a spigot this year and then opened up again next year. Books and journals must be acquired as they are published and, as far as older items are concerned, as opportunities present themselves; the catalog must be kept up to date or it becomes untrustworthy and in many cases worthless; and the size and caliber of the staff must be maintained continually or mistakes will be made that will be very expensive or impossible to remedy. Another point that

must be kept in mind in connection with support is that the better service a library gives, the greater the demands that will be placed upon it until the saturation point is reached. The Army Medical Library has a long way to go before it could reach such a point, and as it gives improved service, the demands made upon it will be greatly increased. Its staff must be enlarged to meet these demands.

The next step after adequate support is the provision of adequate physical facilities in the way of a building and its equipment. As was noted in Part I of this report, the present library building is entirely inadequate; it is unsatisfactory in every way; and a new building must be provided if satisfactory conditions are to prevail.

If the new building can be placed reasonably close to the Library of Congress, it should be possible to come to an agreement with that institution by which it would transfer its medical books to the Army Medical Library and by which books in fields related to medicine, which are in the Library of Congress, can be made readily available to the patrons of the Army Medical Library. It goes without saying that similar shifts of nonmedical books should be made from the Army Medical Library to the Library of Congress. It seems evident that the ideal location for the new building then is on Capitol Hill as close as possible to the Library of Congress.

There should be just one building to house both the Library and the Museum, this to save overhead, to bring prestige and support jointly to the two institutions, and to make the resources of each available to the other. The building should be large enough to be reasonably sure of taking care of the space needs of both for at least thirty years. It is difficult to plan ahead for libraries any farther than that, but if the new building is constructed so that it could all be given over to one or other of the two institutions when it is no longer large enough for both, its life expectancy can be preserved for at least another generation without an annex. The Library part of the building should provide for at least a million and a quarter volumes in addition to very large pamphlet collections. It should have adequate space for the administrative and technical staff, not one just of the present size, but one of the size that will be required thirty years from now. It should have good quarters for the Acquisition, Administrative, Cataloging, and Index-Catalogue Divisions, satisfactory shipping facilities, and a photographic laboratory. It should have suitable reading-room space for those who come to use current and older

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books, pamphlets, and periodicals, as well as rare books and manuscripts. These rooms should seat altogether 175 readers.

Given the support and the building, the next requisite is an adequate staff. In the opinion of the surveyors, two general administrative officers are required. The first of these should be an Army officer who might better be called the Director than the Librarian, who would be responsible for the outside contacts of the Library: with the Surgeon General in connection with the budget, with the Department of the Interior in connection with the care of the building, with medical officers of the United States, with the Army Medical Museum (which will share quarters in the same building), with the American Medical Association, the American College of Physicians, the American College of Surgeons, and the medical world in general. Here is a task that should take the full time of a capable officer, and one for which officers of the general type of the Librarians of the Army Medical Library in the past should be admirably suited. In this connection, long-term appointments are not of first importance, and a change after a four-year period might bring a new point of view that would be useful to the institution.

The second administrative officer should be a professional career librarian. He could be called Librarian if the Army officer in charge is given the title of Director. His primary duties would be with the building-up, cataloging, and servicing of the collection, and the training of the technical staff. This should provide a position for a first-class trained librarian, and should bring about a continuity in administration that has been lacking for fifty years. While he should of course report to the Director, he should have direct authority and responsibility for the technical decisions.

Certain of the administrative duties of the Director, mentioned above, might well be placed in the hands of an executive officer for the building, working jointly for the Army Medical Library and the Army Medical Museum. This liaison officer should be commissioned, but of lower rank than the Director of the Library and the Curator of the Museum.

In addition to the building staff that would report to this executive officer or to the Director, and in addition to the office staff of the Director, there should be a well-trained and adequate technical library staff, prepared by training and experience for acquisition, cataloging, and reference and circulation work. It should be organized

on a divisional basis that should help to make sound administration possible.

The support, the building, and the staff would all be useless without a suitable collection of books. The surveyors agree that the Library, in accordance with Army Regulations, should "select, purchase,<sup>1</sup> index, catalog, and preserve all literature pertaining to medicine"; but they stop there and do not go on to say that the Library should have an inclusive collection of the literature of the related sciences. Good working collections in related fields are desirable. By "all literature pertaining to medicine" is meant much more inclusive collecting than has taken place in the past, particularly during the last twenty-five years. It should imply literally all publications in the field of medicine and in all languages, including those in non-Latin alphabets as well as those in the various European languages which have been collected on a large scale in the past. It should cover crank and quack material, as well as the sounder publications; all serial and periodical material, reports of hospitals, medical societies, etc.; and all dissertations from medical schools throughout the world. Of course pamphlets as well as books are of interest. Reprints in general are not necessary in so far as the periodical files include the material and the *Index-Catalogue* provides a guide to it. It should be noted that the collecting would involve not only publications as they are issued, but also older material and the completion of broken files of serial publications.

One of the most difficult problems in connection with the acquisition program is the limitation of fields. Where does medicine stop or a related science begin? In general, it may be said that medicine should be interpreted very broadly until fields that are covered inclusively by other libraries in the Washington area are reached. Thus, certain aspects of organic chemistry would be considered a medical field unless the Library of Congress or the Department of Agriculture Library, for instance, would agree to take inclusive responsibility for the acquisition of that material.

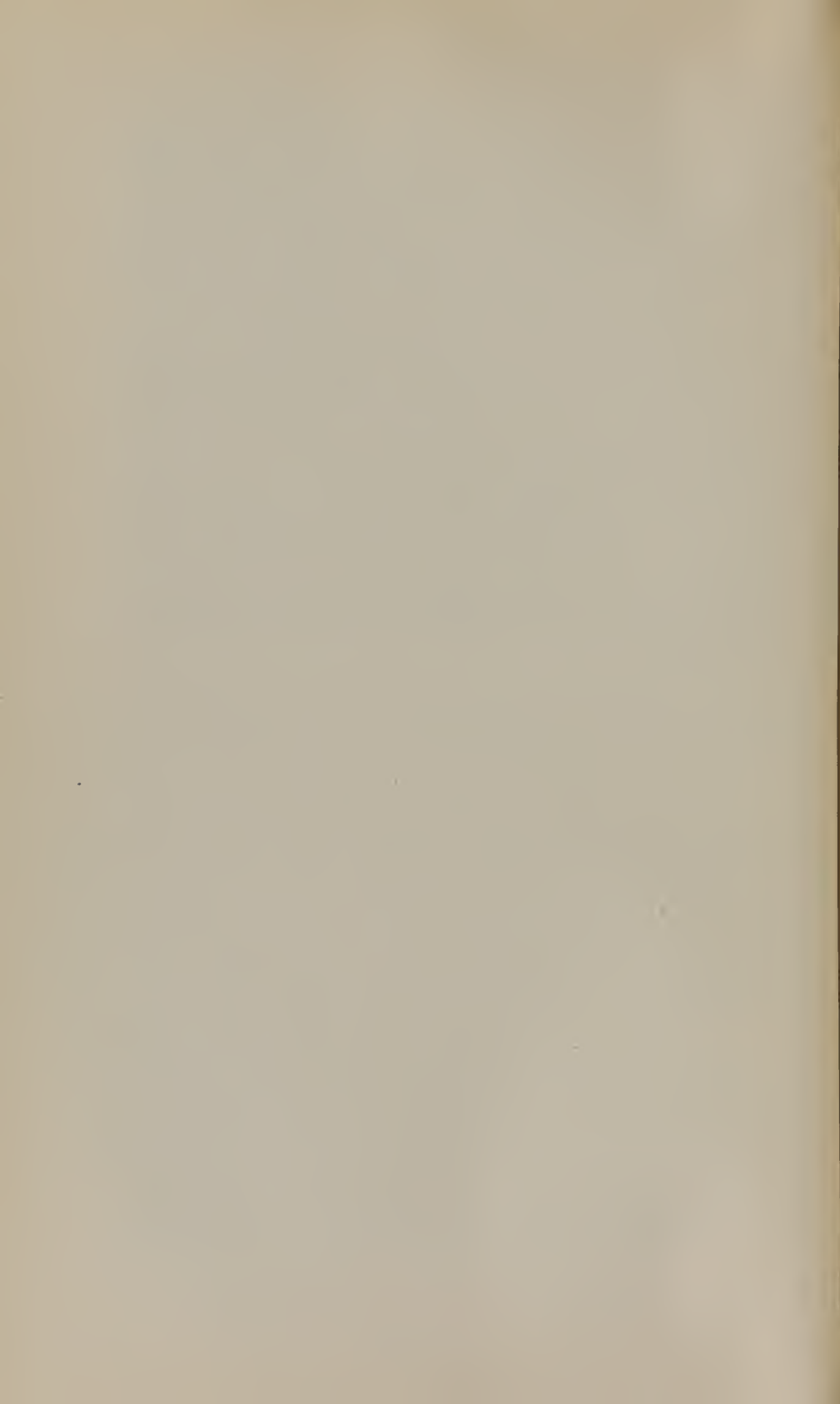
With adequate support and an adequate building, adequate staff and a complete collection, the next steps are cataloging the books and then making them readily available to those who need them. The cataloging should be of Library of Congress standard, both for the

<sup>1</sup>The surveyors would add the words "or otherwise acquire," since purchase should be only one of the means for building up the collections.

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card catalog and for the *Index-Catalogue*. The card catalog should be supplemented by continuing the *Index-Catalogue*, which should be planned so as to cover the alphabet once in fifteen to twenty years. It is hoped that this in turn can be supplemented, and in a way kept up to date, by the publication of a current medical index, such as the *Quarterly Cumulative Index Medicus*, which would include the more important material likely to be in immediate demand.

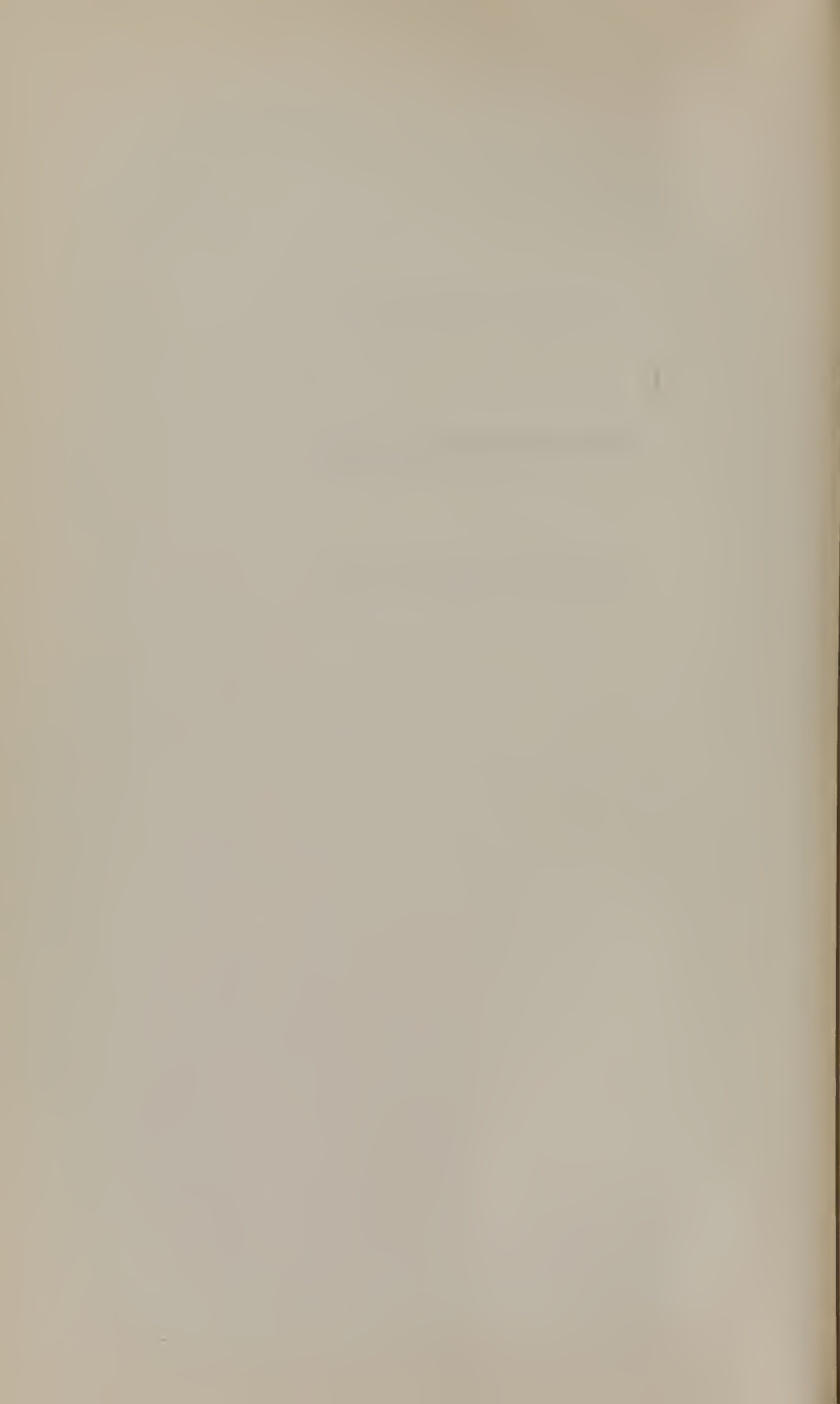
When the collection has been cataloged, and the cataloging should of course be done promptly, just as the new material should be acquired promptly, the collections should be made quickly available: first, to the medical officers of the United States; second, to other government employees; third, to legitimate research workers, medical or otherwise, throughout the country, who come in person or who use the Library through interlibrary loan. All of these groups may be served by the judicious use of methods of photographic reproduction in place of interlibrary loan. The Library should be considered a research medical library, and there is no reason for placing the collections at the disposal of morbid and inquisitive members of the general public.



PART THREE

*Recommendations*





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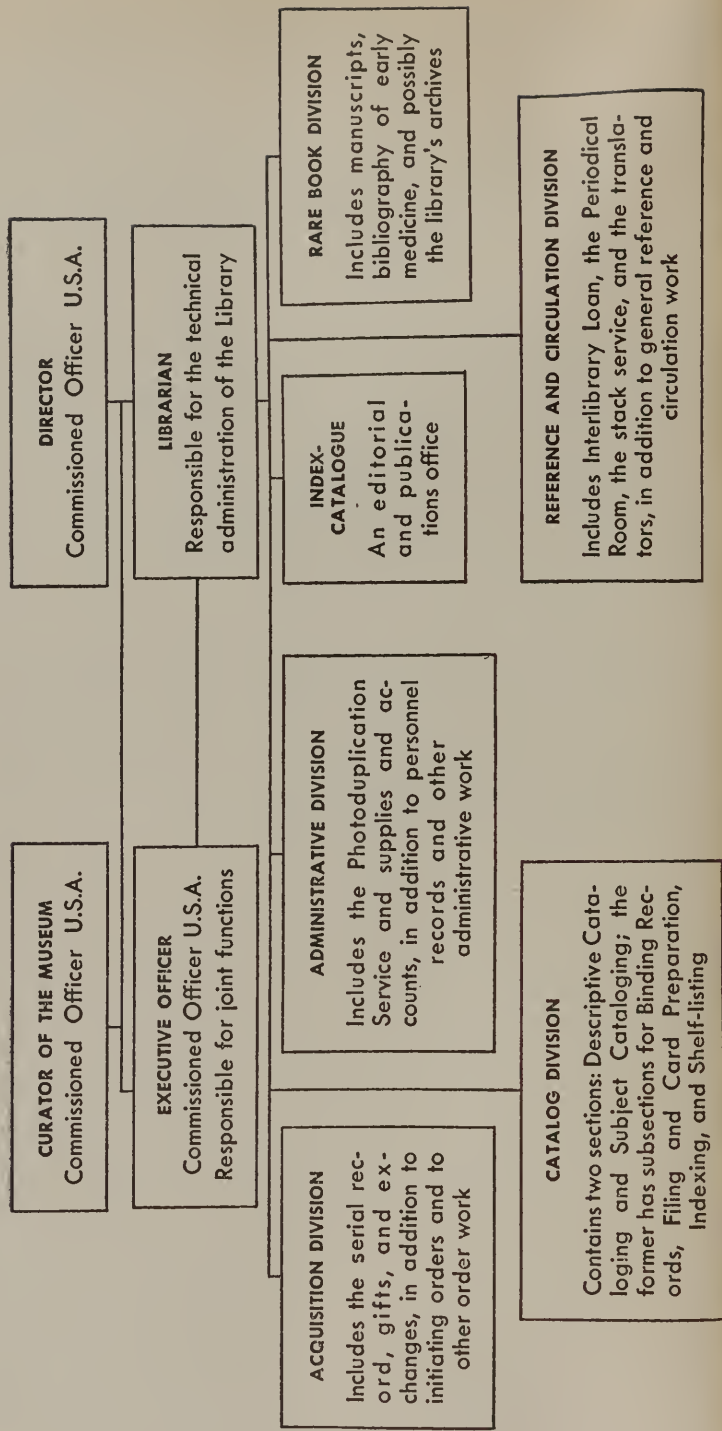
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## I N T R O D U C T I O N

Part I outlines briefly the results of the examination of the Army Medical Library by the Survey Committee. Part II examines theoretical lines of development for the Library. The third part, which follows, consists of recommendations which, if carried out, the surveyors hope will bring about an approach to the possibilities presented in Part II. In some ways these recommendations must be considered a compromise, because they are necessarily based on the existing situation.

The recommendations do not attempt to go into great detail, though they cover the more important points fairly specifically. The details are left to those who have responsibility for administering the Library. Circumstances alter cases, and no individual or group from the outside can know in advance the complications that may be encountered as the reorganization takes place.

# **CHART II** **PROPOSED REORGANIZATION OF THE ARMY MEDICAL LIBRARY**



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# Organization, Administration, and Personnel

Among the least satisfactory features of the Library brought out by Part I of the survey were certain aspects of its general organization and administration, and its personnel. A number of basic recommendations which should put the Library on a firmer foundation follows.

1. *The Library and the Museum.*—The Army Medical Library and the Army Medical Museum should continue joint occupancy of quarters when the projected new building is ready, as well as at present. (Comments on the new building are expressed in Chapter XVI.)

2. *The Director.*—The Library should have as its head an Army medical officer appointed by the Surgeon General, and with the title of Director rather than that of Librarian. The Director should be primarily responsible for the outside contacts of the Library. These include relations with the Surgeon General, to whom he reports and with whom the budget of the Library is arranged. He should also be responsible for relations and contacts with all departments of the Army, including the Army Medical Museum, the Army Medical Center in Washington, Army posts, and Army medical officers in general. Working with the Librarian (whose appointment is recommended in Paragraph 3 below), he should maintain relations with the other medical libraries of the country, the nonmedical libraries in Washington and elsewhere (covering fields closely related to medicine), the Medical Library Association, and other library associations.

3. *The Librarian.*—The Library should have as the head of its technical library administration a civilian career-librarian with the title of Librarian. He should provide the continuity in administration that has been lacking in the past because of the short terms of the Army officers who have been in charge. The Librarian should report to the Director as far as general library policy is concerned, and should be appointed on the recommendation of the Director. He

should have direct authority in the selection, training, and supervision of the library staff, and for decisions on technical library problems and organization, such as acquisitions, cataloging, library service, records, and methods.

4. *The Executive Officer.*—The physical care of the whole building should be placed under the control of an executive officer. He should be responsible for the caretaking, the heating, lighting, and ventilation of the building, repairs, building supplies and equipment, telephone service, the shipping room, parking, and other matters directly relating to buildings and grounds. He should be jointly responsible to the Director of the Library and the Curator of the Museum, and should be appointed by the Surgeon General.

5. *Divisional Organization.*—The work of the Library should be organized divisionally along the lines Colonel Jones has recently put into effect, but with certain changes which are included in the following recommendations. There should be six divisions as follows:

1. Acquisition Division
2. Administrative Division
3. Catalog Division
4. Index-Catalogue Division
5. Rare Book Division
6. Reference and Circulation Division

Within the divisions, areas of work that are extensive enough to be made into sections should be so organized. Section heads should be appointed who will be able to contribute to the administration of their division. The creation of the position of section head will provide desirable opportunities for advancement for competent members of the staff.

6. *The Administrative Division.*—The Chief of the Administrative Division would be in effect the administrative assistant to the Librarian. He should have charge of the personnel records, the general secretarial and stenographic service, the centralized mail service and correspondence files, supplies and accounts, and the Photoduplication Service. Activities that do not fit more or less automatically into the work of the other divisions<sup>1</sup> should become the responsibility of the Administrative Division.

7. *Personnel.*—If the Library as a whole is considered, rather than

<sup>1</sup>Recommendations for the work of the other divisions are included in the next five chapters.

any one of its divisions, the most important problem before it at this time is the need of continuing the work already started by Colonel Jones in building up the professional staff. This should begin with the Librarian as recommended under Paragraph 3 above, and should continue down through the heads of divisions to first assistants and other professional workers. Until the quality of the staff has been further improved to a considerable extent, satisfactory service will not be possible.

## The Acquisition Division

The Library should acquire on publication, or as soon thereafter as possible, all publications, in all languages, directly relating to the science of medicine. These would include books, pamphlets, serials, government publications, ephemeral material, prints, pictures, etc. Quack and crank publications should not be omitted. Acquisitions in this whole medical field should be, as far as feasible, inclusive rather than selective, and the only material to be omitted would be minor editions in which no changes in text occur, publications obviously made simply to sell, or those priced at entirely unreasonable figures when the prospect for later acquisition at a much lower price would seem good. The Library should purchase this material if it cannot be acquired by gift or exchange, but exchanges, particularly of serial publications for the *Index-Catalogue*, should be sought, and gifts of all kinds should be energetically encouraged. However, when gifts are received or offered that do not fall within fields covered by the Army Medical Library, they should be rejected or permission should be obtained from the donor for their transfer to the Library of Congress or some other library. Gifts with undesirable restrictions should be carefully scrutinized before acceptance.

Earlier publications, both serial and otherwise, that have not been received in the past should be acquired as opportunities present themselves and when their acquisition can be made at reasonable prices. A vigorous campaign for the completion of broken files should be inaugurated at the end of the war. Advantage should also be taken of the fact that this is a governmental institution, and efforts should be made to secure foreign documents as needed. Consideration should be given to the desirability of acquiring duplicate copies of some of the more important serial publications and reference books, so that they can be made readily available for use by the Army Medical Museum, the Army Medical Center, and other medical services of the War Department.

A much more complicated problem comes in connection with material in the related sciences. Here strong working collections of the important books required for reference rather than research work should be selected. Inclusive acquisitions should be arranged for only in those related fields which are not covered on a fairly inclusive basis by other libraries in Washington. For instance, if the Department of Agriculture buys extensively in the field of veterinary medicine, the Army Medical Library can be selective in that field. If the Office of Education acquires, on a reasonably broad basis, school reports dealing incidentally with the health of school children, there is no necessity for the Army Medical Library to compete in this field. If the Library of Congress covers the field of organic chemistry or child welfare fairly inclusively, the Army Medical Library can be selective.

Material already in the Army Medical Library which falls outside its fields (and this will include parts of the Prudential collection) should be transferred to other government libraries unless the Librarian is convinced that it will be of real use in its present position. The transfer of parts of this material to the Library of Congress might aid in making the arrangements, which seem to the Survey Committee very desirable, for the transfer of medical material in the Library of Congress to the Army Medical Library.

*Organization of the Division.*—The general recommendation for the organization of the Acquisition Division is that it restrict its activities to the acquisition function and concentrate on a vigorous program of building up the Library's collections systematically. It should cease to have responsibility for supplies and accounts, which should be transferred to the Administrative Division, and binding records (except for current serials), which should be transferred to the Catalog Division.

A first assistant, with a grade of P2, should be added to the staff to aid in developing the new acquisition policies and to strengthen the organization of the Division. He should be responsible for coordinating the work of the various members of the Division, and at the same time for developing a flexible program whereby qualified personnel will fill in when any member of the staff is absent. He should devote the major part of his time to assisting the Chief of the Division to cover all possible sources of book acquisition.

For the Library to acquire all publications in the field of medicine, as is proposed, the Acquisition Division will have to bear the brunt

of the burden. The Chief and his first assistant should check trade and national bibliographies from all over the world, and should exploit other means of information. Order cards should be made for the medical books and journals they find recorded, and the cards, together with recommendations as to how the items are to be acquired, should be passed on to the Librarian for review. Since much of this kind of selection is automatic, it should be possible after the war to make arrangements with competent agents in the principal countries of the world to supply medical books on publication and without waiting for an order. The Acquisition Division could then concentrate on supplementing the work of these agents, paying particular attention to government documents and other "not-in-the-trade" publications, and in addition it could cover fully those countries for which such arrangements cannot be worked out.

The Division will find that the acquisition of "not-in-the-trade" publications offers a real challenge to a library aiming at completeness and distinction in its collecting. Many of these publications are so elusive that only the active and determined collector will succeed in getting them. Special measures of various kinds will therefore have to be taken to collect this class of material.

The Division would also initiate orders for the various working collections that the Library plans. The cards for these items should clear through the Chief of the Reference and Circulation Division before going to the Librarian, since the Librarian may well want the Reference and Circulation Division to be responsible for most of the selection of allied, borderline, and nonmedical material. The Chief of the Reference and Circulation Division may also be the one designated by the Librarian to make recommendations concerning duplicate copies to be acquired.

The first assistant in the Acquisition Division should also be responsible for directing a continuous program in regard to gifts and exchanges. In this connection it is worth recalling that it was one of Dr. Billings' beliefs that a great research library should grow as much by gifts as by purchases, and in his day the Library received numerous gifts. A Gifts and Exchange Section should be established to carry out a planned campaign of soliciting current material and publications needed to fill gaps in the collections. It should utilize the publications of the Surgeon General's Office as well as the *Index-Catalogue* and the *Current List* in promoting an exchange of publica-

tions with medical societies and institutions. The Section should also take care of the exchange of duplicates. The gift and exchange routine should include searching, but decisions regarding the treatment of duplicate copies or ephemeral material should be made either by the Librarian or by someone else designated by him.

The visible index, now used for recording the receipt of periodicals, should be extended along lines that have already been initiated. It should become the Library's sole check list for current serials, entirely displacing the present records in the Periodical Room, the Index-Catalogue Division, and the Statistical Section. As soon as the opportunity presents itself, the existing equipment should be exchanged so that 6" x 4" cards can be used instead of the present 5" x 3". This will enable the visible index to carry the extra information that is needed, including:

Special routing directions

The temporary location (Periodical Room, Documents Division, etc.)

The permanent location (i.e., the call number)

The receipt of Library of Congress cards for monograph series

The abbreviated title for use by the Index-Catalogue Division, as well as other information of value to the indexers, such as "Index through"

Other decisions or directions, e.g., concerning the disposition of duplicate copies

It is suggested that the Union Serial Record at the Library of Congress, which is a recent installation, be studied for the pointers it can offer.

A routine should be worked out with the indexers so that they can dispense with their check list. One means of doing this would be for the abbreviated title to be written on the item in the Acquisition Division, and for the indexers to check the cover of each item to show that it has been indexed.

It is recommended that the accession book be given up as soon as the shelf list is completed. Many libraries have given up the use of accession numbers as well, though some have found them useful to retain. There is no particular reason why the Library should use accession numbers once the accession book is discontinued, but if there is an inclination to keep them that will be acceptable.

Arrangements should be worked out with the Surgeon General's Office and the War Department so that simplified routines and rec-

ords for the purchase of books can be instituted. This will enable the Library to develop more satisfactory relations with its bookdealers; it will also enable the Acquisition Division to perform its functions more fully.

Ordering Library of Congress cards should become the responsibility of the catalogers. When the Acquisition Division, in the course of its order work, learns that Library of Congress cards are available, it should give the catalogers a record of the card numbers instead of ordering the cards directly.

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## Cataloging

Three major recommendations are made concerning cataloging and classification. (1) A Catalog Division should be established, distinct from the Index-Catalogue Division. It should be constituted by taking the indexing and library-cataloging functions from the Index-Catalogue Division and by taking the classification and shelf-listing functions from the Reference and Circulation Division. (2) The books and pamphlets forming the Library's collections should be reclassified so that they can be efficiently serviced at all times. (3) The existing card catalog should be scrapped, and a new and reliable one made according to standard library practice.

The Catalog Division will be charged with particularly onerous duties for the first ten years of its existence. A classification of P<sub>5</sub> therefore seems desirable for its Chief. He will be responsible for the recataloging and reclassification of the Library as well as for the current work. As this will be a heavy enough load, he should not assume direct responsibility for developing the new classification scheme and the new list of subject headings that will be needed.

The Division would have the following sections or subsections:

- Binding Records
- Descriptive Cataloging
- Filing and Card Preparation
- Indexing
- Shelf-listing
- Subject Cataloging (including Classification)

During the period of reorganization, greatly enlarged staffs will be needed in some parts of the work, notably in the Descriptive Cataloging Section. Further organization may be developed as occasion arises for special groups to work on classes of material, such as serials, documents, pamphlets, and rare books.

It would be the function of the Catalog Division to catalog and

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classify the collections of the Library, and to recatalog and reclassify them when necessary; to index all appropriate material; to determine the items to be indexed; to furnish copy to the Editor of the *Index-Catalogue*; to file and maintain the card catalogs throughout the Library; to create and maintain the shelf list; and to take inventory.

### DESCRIPTIVE CATALOGING

The kind of descriptive cataloging to be done should be in accordance with the three different levels of cataloging that have come to be recognized as desirable for reference libraries. The bulk of the collection should be treated according to straightforward and standard rules; the rare books would be given more careful and more detailed description; while much of the material, particularly textbooks and minor material, can be treated according to the Library of Congress rules for "brief cataloging."

In the transcription of the title and in other details of descriptive cataloging, the entries for the card catalog may well be fuller than those for the *Index-Catalogue*. However, when briefer entries are used in the printed catalog, it should be for the purpose of holding down the size and cost of the *Index-Catalogue*. There is no reason why the two should be identical in all respects, although they ought to share a common foundation.

It is not recommended that authority cards be made, because it is realized that they are expensive to make and serve a limited purpose. An occasional information or history card can cover the outstanding cases where some such record is desirable. The tracing for references may be put on the back of the main card. However, it is important to recommend that more careful authority work be done at the time when names are established.

The appearance of the catalog cards should be improved greatly, especially through putting the various elements in standard places. Call numbers should go uniformly in the upper left-hand corner of the cards. Information on the face of the cards should be typed. Since an entirely new catalog is to be made, it ought to be possible to work out a scheme whereby topical headings will not need to be added at the top of such subject cards as are made.

Much of the cataloging process needs to be systematized. Suitable routines should be worked out for searching, sorting, revising, etc. The handling of serials requires particular attention so that econom-

ical methods will be employed and so that the various parts of a particular serial will all be treated alike and get to the same destination. Routines need to be developed so that Library of Congress cards will be obtained whenever they are available. Author-and-title orders should be placed when Library of Congress card numbers are unknown; card numbers should be sought in other sources than the one that has been used by the Acquisition Division; and standing orders for Library of Congress cards should be placed for monograph series.

The Library should enter fully into the cooperative cataloging program of the Library of Congress, so that medical libraries will know generally that they may expect to get printed cards for medical books.

### THE FUTURE OF THE CARD CATALOG

Even admitting all the many and severe criticisms that have been leveled against the author catalog in Library Hall, the decision to scrap that catalog and begin afresh called for very careful consideration, because it will cost from a half to three-quarters of a million dollars to do the job over again as it should be done. Moreover, the Library is already spending about \$60,000 a year on the preparation and printing of the *Index-Catalogue*. Any plans for the card catalog must keep constantly in mind the fact that the *Index-Catalogue* is a catalog of the Library.

Since a card catalog exists, and is felt by the Reference Librarian to be a real need, there is good reason why such a record should be maintained in addition to the *Index-Catalogue*. Further, as the number of series in the *Index-Catalogue* increases, it would in the course of time become an absolute necessity to have a first-rate card catalog. Its cost, then, is justified because an author (or a name) catalog is needed for competent work and to avoid having the various divisions of the Library maintain a variety of substitute records.

Patching up the catalog is the line that at first suggests itself, since that would be the simplest and most economical measure. For an outlay of approximately \$50,000 much could be done to render the catalog more serviceable, but the results would never be really satisfactory. The eighty thousand missing entries for the third series of the *Index-Catalogue* could probably be supplied for something less than \$10,000. The deficiencies in the other series could be caught up as

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the shelf list is made, by comparing the shelf-list cards with the author catalog.

After consideration of all the factors that need to be taken into account, the surveyors are forced to recommend that the existing cards be scrapped and that an entirely new catalog be created. The gain in competent work to the reference staff, as to the whole Library, more than outweighs any arguments for economy. Here is a great research library which will grow steadily in extent and importance. It must have a sound and satisfactory catalog for the effective performance of its work and for the building up of its collections. Money spent in this direction at this time will prove to be a wise investment, for the longer the task is postponed the more expensive it will become, to say nothing of the harm that may have been done in the meantime.

It is recommended that the catalog be limited in general to author and added entries instead of being made a full dictionary catalog. It should, however, include subject entries for persons, societies, and institutions; in other words, it might well become a name catalog instead of merely an author catalog. With the subject approach afforded by the *Index-Catalogue*, the *Quarterly Cumulative Index Medicus*, and other reference works, it is difficult to justify the extra cost of making and maintaining a complete dictionary catalog.

There should be, however, a subject catalog in the reference room for all the books there, and this catalog should be very useful to the reference staff, providing a satisfactory subject approach to the most-used books in the Library without having to make the regular catalog into a dictionary one. The subject catalog in the reference room should also include subject cards for all important books published since 1930 and shelved in other parts of the Library. In addition, consideration should be given to the inclusion in this catalog of a number of "collect cards" such as are used in the John Crerar Library. A "collect card" brings together the principal references to important topics in an economical and effective way for the benefit of readers and staff alike. Such a card might give, for example, the most useful bibliography, dictionary, history, and texts relating to a topic like Psychiatry. It might also contain a reference to the shelves where additional material may be found.

It remains to be said that the name catalog should be made from the books themselves. It will have the weaknesses of the existing

records if it attempts to work from them instead of from the books.

As far as serials are concerned, it is recommended that brief skeleton cards be used for all items that are incomplete or in progress. These cards should contain a reference to the serial check list for a statement of the Library's holdings. The present catalog arranged by the abbreviations of the serials should be abolished.

When the new card catalog is available, other records which have grown up in various parts of the Library as a substitute for it should be discontinued. Such a record is the dead-order file in the Acquisition Division. Book orders are searched there now in lieu of a better record to use. When the new card catalog is available, the Acquisition Division will naturally want to do its searching there and in an "in process" catalog to be established by the Catalog Division to cover outstanding orders and new acquisitions.

Congress should be approached for the money to create a satisfactory card catalog and to reclassify the Library. The project should be spread over a period of ten years, with an annual appropriation of \$60,000 if costs remain on the present level.

A Binding Records Section should be established in the Division, taking the place of the one now in the Acquisition Division. Most of the work of preparing material for binding should be done elsewhere: notably in the Acquisition Division for current serials (utilizing the visible index for record purposes) and in the Rare Book Division for rare books. The Binding Records Section would thus be primarily concerned with the receipt and shipping of material, except in the case of new items coming directly from the catalogers and possibly also of old items from the stacks needing re-binding. In those cases it would need to make the binding records as well. The regular circulation file, which utilizes the McBee system that is well adapted to the purpose, should be used as the Library's record for what is in the bindery. For current serials, where the binding record will be on the visible index, it will probably be desirable to have a duplicate record in the circulation file.

### CLASSIFICATION

It is recommended that the Library be reclassified according to a modern scheme, and that book numbers be used also to make an effective call system. The best classification that could be devised for the Library would be a thorough revision of the Library of Con-

gress schedules for medicine with certain basic ideas drawn from the Cunningham classification. Accordingly, permission should be sought to revise the Library of Congress scheme for medicine in this way. If permission cannot be obtained, then a new scheme should be worked out, utilizing the best features of both these classifications.

Since the production of a classification scheme must be completed before much of the reorganization can be started, it is recommended that priority be given to this project. It would be proper to ask one of the foundations for \$3,000 for this purpose, and it would be desirable to enlist expert help from other libraries in the preparation of the new scheme.

Constant efforts should be made to keep the new classification as simple as can be. Since the Library will continue to have mostly closed shelves in its new building, broad classification will serve its purposes excellently. This will also reduce the cost of the large reclassification program that must be undertaken.

Many of the pamphlets should be bound individually and placed on the classified shelves. Others should be put in pamphlet binders or be bound into pamphlet volumes, and then be classified regularly. In this way the bookstacks will be greatly enriched, and an important subject approach to the collection will be opened up. Many of the pamphlets will naturally be transferred to the rare book collection.

Where there are bound files of dissertations for particular universities, these should be classified by university. Unbound theses may be treated similarly, arranging them first by university and then chronologically. Some dissertations, especially current ones of importance, should be duplicated and the second copies classified with the monographs.

It is recommended that the Library's growing collection of microfilms be cataloged and arranged as a unit and that their call numbers be added to all appropriate records.

The reprint collection as such should be given up. For many authors there should be enough items to make it worth while binding them together and putting them in the classified collection. Some items, particularly among the older ones, will be worth retaining as pamphlets that can be bound up in pamphlet volumes. Items whose originals are not in the Library should also be treated as pamphlets. It should be noted that the Library has a particular obligation to keep the publications of medical officers of the United States.

### THE SHELF LIST

It is important that the shelf list be completed promptly as an aid in maintaining proper order in the bookstacks. As the work progresses the cards should be checked against a copy of the *Index-Catalogue* so that a record will be available as to what is missing from the Library. That process will constitute an inventory of the collection. So great has been the neglect of the book stock that it is recommended that a second inventory be taken, this time from the shelf-list cards, as soon as the recataloging and reclassification projects are completed.

### FILING

It is recommended that standard rules for filing be adopted. The *A.L.A. Rules for Filing Catalog Cards* is the manual for this purpose.

## The Index-Catalogue

It is recommended that the present Index-Catalogue Division become an editorial office for the preparation and publication of the *Index-Catalogue*. As such, its functions would be strictly limited to seeing through the press the material furnished by the Catalog Division. The author and subject headings would be retained in the form in which they are supplied, and changes in the copy would be restricted to simplifying or deleting descriptive details in accordance with approved editorial policy.

The remaining functions of the present Index-Catalogue Division should be turned over to the other divisions of the Library. Cataloging and indexing should become the province of the Catalog Division. Reference and research work, including the translating service, should be transferred to the Reference and Circulation Division, as well as work on special projects, such as the art collection. The care of manuscripts should become the responsibility of the new Rare Book Division. The coordination of library activities and other general administrative duties, which the Chief of the Index-Catalogue Division formerly exercised, would naturally be a part of the duties of the Librarian.

*Coverage of medical literature.*—The Library should secure all the medical literature of the world, and this should form the basis for the entries in the *Index-Catalogue*. In the event of the Library's failing to get all such material, it should, whenever possible, include in the *Index-Catalogue* entries for these items, using information obtained from another library. The name of that other library should be included in the entry, in the same way that the Library of Congress supplies the name of the contributing library in cooperative cataloging. All significant biographical material should be indexed, but, on the other hand, much indexing of unimportant material, now being done, should be omitted. Good judgment in such details is a matter of importance.

Books and magazine articles should be entered under as many subject entries as are necessary to cover them fully. Judicious application of this policy should not tend to increase the size of the *Index-Catalogue* by virtue of the fact that the extra entries will be taking the place of those that are to be omitted because of their slight consequence.

Consideration should be given to the desirability of providing an author index to the periodical subject entries. The most economical plan would be to provide a brief author index to each volume, similar to that included in the former *Index Medicus*.

More listings should be made of special classes of material by localities, subjects, etc., in the body of the *Index-Catalogue*, and more bibliographical supplements (or, for preference, bibliographies issued as parts of a separate series) of limited scope should be undertaken. Additional topics which might be treated in this way are:

- Locality lists of medical, dental, and nursing schools, and foundations
- A list of medical bibliographies by subject
- Indexes of portraits, pictures of institutions, and historical medical illustrations
- Chronological lists of rare books

Reprints of these, if they are issued in the form of supplements, would be valuable, and in that way they would be made available to a wider circle of users.

*Subject headings.*—It is recommended that a standard list of subject headings for medicine and its related sciences be prepared and used in connection with the future publication of the *Index-Catalogue*. Headings chosen should be those most commonly known and used in this country, and adequate cross references should be provided to round out the system. A list of standard subdivisions should be worked out to be used anywhere throughout the scheme, and in addition special lists of standard subdivisions should be devised for:

- Anatomical structures, organs, and regions
- Drugs, chemical substances, proprietary medicines, etc.
- Pathological conditions

Over and beyond these there will be some headings that require their own specialized subdivisions.

The list of subject headings that has been worked out for the

*Quarterly Cumulative Index Medicus* might well be taken as the basis for the new list.

As regards the form of the headings, the present use of a variety of marks of punctuation is confusing to readers. It is therefore suggested that the headings be simplified by using dashes, or at most, commas and dashes, between the headings and their subdivisions.

Subject headings should be assigned with care. They should be subdivided as far as necessary, so that little or no reworking of the material will be necessary when the time comes to prepare it for publication. Headings should be typed on the cards, and filing in the temporary subject file should be strictly alphabetical. Adequate references should be provided in this file, so that it may become a very serviceable reference tool.

This temporary subject file will be all the more usable if it is made on standard-sized cards instead of the present large cards. The Descriptive Cataloging Division of the Library of Congress is now using double cards which can be folded to standard size. The adoption of such a card for indexing purposes would mean that in the course of time the transition could be made to a single card of standard size.

It is realized that the program recommended here for preparing and working from a standard list of subject headings, and for more careful and systematic assigning of headings, will require an enlarged staff. Whereas there has been only one subject header for the *Index-Catalogue*, a small group of people is needed to do the work for the *Quarterly Cumulative Index Medicus*. A similar group should be planned so that the quality of work in the *Index-Catalogue* will be just as high.

*Publication procedure.*—It is essential that the galley proof be read with the copy in the Index-Catalogue Division. Likewise all subsequent proof should be read with the previously corrected proof.

A number of copies of final page proof would be helpful for the Reference and Circulation Division to use in supplying bibliographies.

Once the Library's card catalog is in good working order, there will be no need to continue to store the author cards that have been used as copy for the *Index-Catalogue*.

There will naturally be an interim during which the Editor will have to merge entries made under both the old and the new cataloging and indexing policies. In the case of the card catalog the new

policies may be applied immediately, but in the case of the *Index-Catalogue* their adoption may have to be much more gradual. As soon as possible, however, the *Index-Catalogue* should be made to conform to the same rules for entry and for filing that are adopted for the card catalog.

As far as the typography of the *Index-Catalogue* is concerned, several improvements might be made. A small amount of additional space could be saved by some minor changes, such as printing references on one line whenever possible. The appearance of the work will be greatly improved by printing main-entry words, whether for author or for subject headings, in a uniform type and with the same indentation.

*An advisory committee.*—The *Index-Catalogue* is so large an undertaking, and needs so much constant attention to maintain its high reputation, that an advisory committee seems desirable for it. This committee could interest itself in matters like the new list of subject headings and the procuring of adequate support for the *Index-Catalogue*. When the fifth series comes up for consideration there will be particularly important matters for it to discuss. The committee might have representatives on it from organizations such as:

The American Medical Association  
 The Bibliographical Society of America  
 The Medical Library Association  
 The National Research Council

#### COORDINATION OF THE THREE MEDICAL BIBLIOGRAPHICAL SERVICES

For sixty-five years the *Index-Catalogue* and the *Quarterly Cumulative Index Medicus* (or its predecessors) have run parallel courses. Now a third publication, the weekly *Current List of Medical Literature*, is being issued. It covers approximately the same field as the others, and in fact is composed of copy supplied by the *Index-Catalogue*. Its aim is to provide a service not attempted by the other two, namely to get bibliographical information into the hands of medical men with great promptness.

Doctors and medical librarians have frequently expressed their long-felt desire to coordinate or unify these bibliographical services. They have seen the need for prompt service, especially for clinical purposes, and also for extensive cumulations to serve research in-

terests. Their ideal would be to have one publication issued in not less than monthly parts and cumulated up to at least five-year volumes. In the field of general bibliography the *Cumulative Book Index* and the *Readers' Guide*, both published by the H. W. Wilson Company, provide models of the kind of service that is desired.

The very obvious drawback is the expense of the program. The *Current List* virtually pays for itself, because it gets free copy from the *Index-Catalogue*. The American Medical Association publishes the *Quarterly Cumulative Index Medicus* at an annual loss of about \$40,000, while the federal government provides about \$60,000 for the preparation and printing of the *Index-Catalogue*. The deficit is thus borne by two separate bodies. For a single cumulated publication, both the government and the American Medical Association would probably need to continue their financial support. The operating costs, in spite of many economies due to unification of the work, would be materially increased; but, on the other hand, higher subscription rates could and should be charged for the superior service provided.

*A ten-year program.*—While the Survey Committee is entirely in sympathy with these proposals, it does not see how they can be realized immediately. With the letter *K* being published for the fourth series of the *Index-Catalogue* in 1944, it will take approximately another ten years for the alphabet to be completed. This period should be utilized to bring the three bibliographical services into closer relationship with one another, and also to see whether arrangements can be worked out to unify them under a cumulative plan at the expiration of that period.

Steps should be taken immediately to have the two older publications approach one another in their methods and style. Since the *Index-Catalogue* has been the less systematic, the greater burden will fall on it to get into line. Uniform methods of bibliographical citation should be decided upon, and a uniform list of subject headings should be developed. The respective fields covered by the publications should be delimited.

There are two good ways of helping to bring about this coordination of the bibliographical services. One is, when a vacancy occurs on the Washington or Chicago staff, to look for the replacement from the other group, if a suitable person can be found there. The other is to have the advisory committee suggested for the *Index-Catalogue*

study the whole problem and make recommendations as to the best course of action.

It may well be that two parallel cumulative services are needed to serve the medical field, corresponding to the *Readers' Guide* and the *International Index to Periodicals* in the general field of indexing. One service might cover the commoner publications, with emphasis on those in English, while the other covered the less usual titles, with emphasis on foreign languages. Both would be monthly, with at least five-year cumulations, and both would use the same headings, policies, etc. The possibility of developing two parallel services represents an important matter into which the advisory committee might inquire.

## Service to the Public

Not so much needs to be said about the Reference and Circulation Division, because the Librarian realized that to meet war conditions it needed much attention and strengthening. His appointment of a new and enterprising Chief of the Division meant that the desired reorganization was immediately undertaken. The major difficulties encountered, however, came from aspects of the work beyond the control of the Reference and Circulation Division. They centered around the deficiencies in the card catalog, the failure of the call system, and the disorganization of the bookstacks. This is the reason why the Survey Committee has paid so much attention to these matters, and has recommended the expenditure of large sums of money to put them in order. All the work done behind the scenes in a library, from the acquisition program through to the shelving of the books and the filing of the cards, affects the quality of the work that can be done by the reference staff. For the Army Medical Library, then, to give the high quality of service that an Army organization ought to provide, it will be necessary to carry out the reorganization proposed for the Library as a whole.

The reference and research work now done by the Index-Catalogue Division should become the responsibility of the Reference and Circulation Division. This shift will involve the translators, who should become part of the reference staff. The Reference and Circulation Division should also take charge of the art collection. On the other hand, it should transfer the classification and shelf-listing functions to the newly constituted Catalog Division.

The vexed question of the reference books should be resolved by saying that the reference staff should have first call on all reference material. Neither the Index-Catalogue Division nor the Catalog Division should have, or want to have, the only copies of reference books in the Library. A small amount of duplication may be permitted them, but there is no need to build up reference collections

in the various divisions. The plans for the new building should provide for the housing of the reference collection in the Reading Room and for the establishment of a working collection in the immediately adjoining bookstack.<sup>1</sup> These collections will be available to the entire staff, who will find it a great convenience to have the reference books properly arranged and readily accessible.

With the settlement of this question, the book pool will no longer be required. Its place may well be taken by some form of a new-book shelf, so that the Library and the Museum staffs may see the new acquisitions before they are put into circulation.

The interlibrary-loan service, which the Library is performing so excellently, might be liberalized by allowing other material to circulate at the discretion of the Librarian. Partly in order to increase their availability for lending, serials should be bound more promptly.

#### PHOTODUPLICATION SERVICE

There are three ways in which the Photoduplication Service might be organized in the present building, while two other possibilities should be considered for the new building. This service now falls under the Administrative Division, which is a perfectly possible plan. On the other hand, it is so closely connected with the work of the reference staff that it might well become attached to the Reference and Circulation Division. A third scheme would be to divide the work, assigning the reference functions to the Reference and Circulation Division and the business and photographic functions to the Administrative Division.

The third possibility seems wise for the present, and in effect leaves the Photoduplication Service under the Administrative Division. There should be a definite understanding, however, that the work of that Service begins with the physical process of duplication, and that the function of the Reference and Circulation Division includes all correspondence and research in connection with identification of references, unavailability of items, etc., besides providing the Photoduplication Service with the correct material, properly indicated, for duplication. It should be realized that there are three distinct phases to the work, and it will be an important duty of the

<sup>1</sup>It is suggested that possibly half of the bookstack on the level of the Reading Room should be made open access. Here there might be assembled for consultation a working library numbering upwards of fifty thousand volumes, a large part of which might be composed of the recent files of bound periodicals.

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Chief of the Administrative Division to see that there is proper coordination of the reference, business, and photographic sides of the work.

*Free microfilm service.*—Naturally the Library should be ready to supply free microfilm service to the Surgeon General's Office and to other branches of the armed forces. Beyond that, however, those in authority in the Army Medical Library should realize the far-reaching effects that will follow from their willingness to supply anyone with free microfilm. They should make sure that these effects are desirable and that the expense incurred can continue to be met.

## The Rare Book Division

When the new building is erected, it is recommended that suitable accommodations be provided to house the rare books, and that a Rare Book Division be constituted to care for them. The Division should have its own reading room, catalog, and storage facilities, as well as its own enclosed part of the regular bookstack. It should be provided with ultraviolet equipment, color filters, comparison microscopes, etc.

It is suggested, in view of the successful plan in operation at the New York Academy of Medicine, that the Division might also include in its scope the history of medicine and the bibliography of early medical literature. If this were done, it would be one way of giving the special emphasis to the history of military medicine that an Army library would naturally desire.

The Division should be responsible for the Library's manuscripts, and possibly also for its archives.

*Classification of the rare books.*—When the new classification scheme is worked out for the Library, special attention ought to be given to the classification of the rare books. One possible scheme would be a classified subject arrangement. Another plan to consider is the way the books are now arranged at the Cleveland Branch, namely by century and then by author, with provision for several special collections as well. A better method seems to be the one commonly followed in rare-book collections, of arranging the books first by country and then chronologically, and supplementing this arrangement by a number of special author and subject schemes. This plan would have the important advantage of bringing all the Americana together.

The Army Medical Library appears to be much weaker in Americana than it should be. If these items were gathered in one place the opportunity would present itself for studying the collection and laying plans to build it up. One useful task would be to compare the

collection with the Americana in the Boston Medical Library.

*The Cleveland Branch*—Since the Cleveland Branch is in the nature of emergency storage, the rare books there will be brought back to form the basis of the collection in the new Rare Book Division. The rare items still in Washington (consisting chiefly of pamphlets, manuscripts, and the rare books belonging to the nineteenth and twentieth centuries) will be added to the material now in Cleveland.

The Rare Book Division will be faced with three major tasks, which can profitably be worked on while the books are still at Cleveland. These are: conservation of the collection, making an inventory of it, and laying plans to build it up systematically.

Much has already been done at Cleveland to conserve the books after their long period of neglect. The War Department should provide the necessary funds so that everything can be done that should be done to put the books in good condition. Some of the ideas now being carried out should be modified. Thus, for example, many books scheduled for rebinding should be boxed instead, in order to preserve the items in their original condition as far as possible. This point of view can be summarized by saying that the aim should be preservation rather than "restoration" by substitution of modern bindings.

The shelf list that has been started should be completed as soon as possible, and it should be made systematically. As the work is done, a copy of the *Index-Catalogue* should be checked and marked to show what items are at Cleveland. This procedure will disclose many items that ought to be in the collection. Notes should be made of them, so that they can be located in Washington and segregated for the Rare Book Division.

When the books are suitably arranged, the strength and weakness of different parts can be studied. Thus, the early English books should be surveyed, so that steps can be taken to supply deficiencies as occasion offers. It has been said with considerable justification that the librarian of a research collection ought to be better informed on what the library lacks than on what it has. In view of this fact, the Curator of the rare books at Cleveland might spend much of his time making such studies.

Another activity that might be carried on to advantage at Cleveland is experimentation with the classification of the books, for with any scheme adopted there will have to be compromises. Three classes

will probably take precedence over all others: incunabula, early English imprints (particularly those of the *Short-Title Catalogue* period), and Americana. Apart from such classes, compromise decisions will have to be reached in a number of cases. For example, if the books are arranged by country and then by date, should Harvey's books be made an exception so that they would all be together in one place? Again, should a German translation of Paré be put with French editions?

The new Chief of the Rare Book Division might well be occupied with these tasks while the books are still at Cleveland. He should be a scholar whose interests and aptitudes will enable him to build up a really outstanding collection of rare books.

## Plans for the New Building

1. The proposed location is entirely satisfactory, and is large enough to fulfill the needs for a generation in advance. (See Paragraph 6 below.)

2. The Army Medical Library should be assigned the western half of the building instead of the eastern half, so as to place it closer to the Library of Congress Annex. A tunnel, tube, and book conveyor should be made to connect the basement of the Army Medical Library portion of the building and the Library of Congress Annex.

3. A somewhat larger entrance should be provided for the Army Medical Library, and it should serve both as an entrance and as an exhibition room.

4. The monumental staircase which has been proposed should be given up, and the main stack should be moved toward the center of the building so as to occupy some ten feet of the space planned for the staircase and the corridors that lead to the rear of the building. This will widen the rooms on the side of the building by a corresponding ten feet, and, if the corridor there is given up, will make the rooms along the side forty feet in width, or wide enough for reading rooms of ample size.

5. It is recommended that the Acquisition Division, the Catalog Division, the Periodical Room, and the Reading Room all be placed on the main floor, and that the large reading room planned for the center rear of the second floor be assigned to the Rare Book Division.

6. The Museum half of the building should be so constructed that the central section could later be given over for stacks for the Army Medical Library if the occasion should arise. The floors of the Museum should therefore be made to coincide with the floors in the Library. The building might then be a suitable home for the Library for a much longer period than would otherwise be possible.

## Putting the Recommendations Into Effect

In the interests of clarity, the report has refrained from mentioning a host of details which will nevertheless have to be considered when it comes to putting the recommendations into effect. One reason why this course of action was taken is that these details are of the kind that the Librarian as a trained administrator will know how to handle. Accordingly, the first step to take in translating the report into action is to appoint the career librarian. The Library has been fortunate in having such a person assigned to it for the duration. For the time that he is on the job he should be the one to undertake the reorganization. Before he returns to his civilian position, a suitable successor should be selected. The new appointment should thereupon be made promptly so that there will be continuity of administration during this very important period in the Library's history.

The Librarian, then, should plan the way in which the general recommendations of the Survey Committee may best be carried out. He should determine, for example, what can profitably be undertaken in the present building and what should wait until the new building is ready.

The Committee does, however, have several suggestions to offer as to methods and procedures which may prove helpful in reorganizing the Library. These relate to the recataloging and reclassification of the collections, since this is the major task to be faced. A number of different approaches should be made to the work.

*Monographs.*—The monographs, numbering around a hundred thousand, should be tackled first. A four-year program might be planned for them. It is suggested that the first thing to be done with them should be to arrange them all in one alphabet. A special group of soldiers or Wacs might be obtained from the Army to do this job in short order. Once it was done, the stack attendants should be able to locate books much more easily than is now possible, so the Refer-

ence and Circulation Division would immediately be helped by the move.

Once the books are arranged in alphabetical order, it will be an economical procedure to get them shelf-listed and cataloged. For the shelf-listing, a group of Wacs might again be called on to make the record rapidly. Such a group could also be put to work to check the printed catalog of the Library of Congress to find what cards were available for the books and to order them for the catalogers.

*Pamphlets.*—At the same time, two people might be put to work on the pamphlet files. They should begin with the recent boxes and work backwards. Items which ought to be treated as monographs should be sorted out and sent for binding. On being returned from the bindery, they might be inserted with the monographs for cataloging. Serials and dissertations should likewise be sorted out to go to their proper places on the shelves. When the older boxes are reached, a number of items will be found that should eventually go to the Rare Book Division. These might be segregated for the present. The reprints, manuscript items, and ephemeral material that will be found throughout the collection should be sorted into groups and left for later treatment. In each box will be left the pamphlets that may be bound up in pamphlet volumes later on.

*Periodicals.*—Much work has already been done in rearranging the periodical files. Further work on them is not a matter of urgency. A group of people should be set to the task of check-listing them and making the necessary records. Much careful work will be required, but the *Union List of Serials* will be an invaluable aid, and one or more copies of it should be marked with an accurate statement of the Library's holdings.

*Statistical and documents collection.*—Sorting, arranging, and cataloging the statistical and documents collection will be one of the most arduous jobs to be faced. The part of the collection still in Washington is very bulky, and it might be well to look for a place where it could be stored until it can be worked on. By removing it from its present quarters, space would be created that could be utilized to facilitate the rearrangement of the monographs.

*Rare books.*—The program of cataloging and classifying the rare-book collection might well be postponed until the new building is ready. The incunabula might be treated last of all. A dictionary catalog is suggested for the Rare Book Division.

# I N D E X

- Accession numbers, 23, 69  
 Acquisition Division (Accessions and Supplies), 12, 34, 54, 66-70, 73, 75, 90  
 Acquisition program, 15, 21, 34, 56, 64, 66-7, 84  
 Administration of the Library, 11-14, 32, 55-6, 63-5, 78, 91  
 Administrative Division, 12-14, 37, 54, 64, 67, 85-6  
 Advisory committees, 11, 81-3  
 American Medical Association, 55, 81-2; Library, 21, 44  
 Americana, 87, 89  
 Army Medical Museum, 3, 5, 33, 54-5, 63-4, 66, 85, 90  
 Army Regulations, 19, 56  
 Authority work, 24, 30, 72
- Billings, John Shaw, 3, 12, 25, 27, 68  
 Binding, 6, 8, 16, 34, 40-2, 88, 92; records, 67, 71, 75  
 Bio-Bibliography of Sixteenth Century Medical Authors, 29  
 Biochemistry, 19, 45  
 Biographical material in the *Index-Catalogue*, 28, 31, 78  
 Biophysics, 19  
 Book pool, 35, 85  
 Book stock, 7-9, 19-21, 77  
 Bookstacks, 5-8, 36, 84-5  
 Borderline fields of medicine, 19-20, 29, 53-4, 56, 67-8  
 Boston Medical Library, 45-7, 87  
 Building, 3, 5-7; plans, 52, 54, 90
- Call system, 23-4, 34, 36, 84  
 Card catalog, 22-6, 35, 57, 71, 73-5, 80, 84  
 Catalog Division, 54, 64, 67, 71, 75, 78, 84, 90  
 Cataloging, 22-6, 31-2, 34, 42-3, 53, 56-7, 69-75, 78, 80-1, 91-2  
 Chemistry, organic, 56, 67  
 Child welfare, 67  
 Circulation, 33-4, 37, 46
- Circulation and Reference Division, 12, 33-8, 40; *see also* Reference and Circulation Division  
 Civil Service, 14  
 Class marks, 23-5  
 Classification, 24-6, 32, 35-6, 71-2, 75-6, 84, 87-9, 91-2  
 Cleveland Branch, 8-9, 12, 14, 25, 34, 40-3, 87-9  
 Conservation of the collection, 7-9, 88  
 Consultants, 11  
 Cunningham classification, 76  
*Current List of Medical Literature*, 37, 39, 68, 81-2
- Department of Agriculture Library, 37, 44-5, 56, 67  
 Director, 55, 63; *see also* Librarian  
 Dissertations, 8-9, 24-5, 27, 56, 76, 92  
 Division of responsibility in collecting, 45, 67  
 Documents, 20, 27, 66, 68, 71
- Entomology, 45  
 Exchanges, 21, 66, 68
- Filing, 23, 32, 71-2, 77, 81, 84  
 Financial support, 14-18, 45, 52-3  
 Friends of the Library, 39
- Gifts, 21, 66, 68
- Hume, Col. Erskine, 15
- Incunabula, 29, 41, 88, 92  
*Index-Catalogue*, 3, 16-18, 20-4, 27-32, 34-5, 46-7, 56-7, 66, 68, 72-4, 77-83, 88  
 Index-Catalogue Division, 12, 23, 31-2, 34-7, 40, 54, 64, 69, 71, 78, 80, 84  
*Index Medicus*, 3, 79  
 Indexing, 28-9, 32, 69, 71-2, 78-80  
 Interlibrary loan, 21, 33, 37-8, 44, 46-7, 52-3, 57, 85

International congresses, publications of, 19, 29  
Inventory, 9, 34, 72, 77, 88

Jones, Col. Harold W., 4, 12, 17-18, 64

Librarian (Director), 12-13, 35, 55, 63  
Librarian (new position), 14, 55, 63-4, 68, 78, 85, 91  
Library of Congress, 5, 36, 44, 51-2, 54, 56, 66-7, 69, 73, 78, 80; Annex, 90; classification, 75-6  
Limitation of fields, 53, 56, 67

Manuscripts, 8-9, 78, 87-8, 92  
Medicofilm Service, 37-9  
Microfilms, 33, 35, 37-9, 44, 46, 52-3, 76; free, 21, 37-8, 47, 86; *see also* Photoduplication Service

New York Academy of Medicine Library, 45-7, 87  
Nursing, 19  
Nutrition, 45

Organization of the Library, 11-12, 63-4

Pamphlets, 8-9, 23-5, 27, 54-6, 66, 71, 76, 88, 92  
Periodicals, 15-16, 19-20, 25, 31, 36, 53, 55-6, 92  
Personnel, 14, 16, 18, 64-5; *see also* Staff  
Philadelphia College of Physicians, 45-7  
Photoduplication Service, 6, 13, 33-4, 37-8, 46, 64, 85-6  
Principal Clerk, 13-14  
Prudential collection, 15, 67  
Psychology, 19

*Quarterly Cumulative Index Medicus*, 27-8, 30, 57, 74, 80-3

Rare Book Division, 64, 75, 78, 87-90, 92  
Rare books, 6, 9, 25, 40-3, 55, 71-2, 75-6, 79, 87-9, 92  
Readers, 6, 33, 46, 52, 55, 57  
Reading rooms, 6-7, 54, 85, 90  
Reference and Circulation Division, 64, 68, 71, 78, 80, 84-5, 91-2; *see also* Circulation and Reference Division  
Reference books, 25, 29, 36, 66, 84-5  
Reference librarians, 24, 35-6, 84  
Reference work, 32, 36, 47, 78, 84  
Reprints, 8, 56, 76, 92

Searching, 68, 72, 75  
Seidell, Dr. Atherton, 37  
Serials, 8, 15-16, 27, 31, 45, 56, 66-7, 69, 71-3, 75, 85, 92  
Shelf list, 9, 23-4, 34-6, 42, 69, 71-2, 74, 77, 84, 88, 92  
Staff, 45-6, 53-5; *see also* Personnel  
Statistical and documents collection, 8, 25, 40-3, 69, 92  
Subject entries in the *Index-Catalogue*, 28-30, 79  
Subject headings, 29-30, 32, 71-2, 74, 78-82  
Surgeon General, 3, 11-12, 51, 55, 63-4  
Surgeon General's Office, 11, 33, 37, 68-9, 86

Translating, 32, 46, 78, 84

Veterinary medicine, 45, 67  
Visible index, 68-9, 75

War Department, 52, 66, 69  
Working collections, 56, 67-8  
World Catalogue of Medical Books, 29

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